

**First Baptist Church Gladewater
Medical Release and Permission Form**

Name _____

____M ____F T-shirt Size (please circle): YS YM YL YXL AS AM AL AXL A2X other:

Birth date ____/____/____ Age ____ Grade ____ School _____

Address _____ City _____ State ____ Zip _____

Phone _____ Cell _____ E-Mail _____

Father's Name _____ Wk. # _____ Cell # _____

Mother's Name _____ Wk. # _____ Cell # _____

In case of emergency notify _____ Phone # _____

Family Physician _____ Phone # _____

Family Insurance Co. _____ Policy No. _____

Medical History

(Check ALL appropriate information)

____Asthma ____Sinusitis ____Bronchitis ____Kidney Trouble ____Heart Trouble ____Diabetes

____Dizziness ____Epilepsy/Seizure Disorder ____Upset Stomach ____Hay Fever ____ADD ____ADHD

Other: _____

Allergies: _____

Foods: _____

Penicillin or Other Drug: _____

List any medications your child takes regularly: _____

Please rate your child's swimming: ____good swimmer ____fair swimmer ____non-swimmer

Should your child's activities be restricted for any reason? Please explain: _____

Authorization

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church Gladewater, and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named below, a minor, and have given our consent for him/her to attend events being organized by First Baptist Church Gladewater. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named below.

I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Church staff member. I also agree to pick my child up or make arrangements for them to be picked up from the church after an event.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church prior to that event.

This document also gives my/our permission for my child to ride in private vehicles of adults supervising children.

_____ (Child's Name) has my/our permission to travel and attend all activities sponsored by First Baptist Church Gladewater.

I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on the behalf of the above named party.

Parent/Guardian Signature(s): _____

Date: _____

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

I hereby allow photographs and video of my child's participation in church events to be published via print, video, or website which are affiliated with **First Baptist Church Gladewater**. I understand that publication may be accomplished electronically via the Internet, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against **First Baptist Church Gladewater** from the un-consented-to-use, alteration or republication of my child's photographs and video by third parties accessing the Internet or obtaining copies of the print or video material.

Parent/Guardian Signature(s): _____

Date: _____