

First Baptist Church of Winder Student Ministry
Medical Release & Photo/Video Permission Form for 2018

Every First Baptist Church of Winder participant MUST complete and sign this form once annually and is valid from January 1, 2018 –December 31, 2018

Name _____ **Grade** _____ **T-Shirt Size** _____
Last First Middle

Parent (Legal Guardian) Name _____ Phone(s) _____
Last First

Email _____

Address _____
Street City State Zip

In Case of Emergency Notify _____ Phone(s) _____

Medical Insurance Co. _____ Policy # _____ Group # _____

Policy Holder's Name _____ Relationship _____

Health History & Information

_____ **Asthma** – (Does this student need to keep the inhaler to use as needed? _____ Yes _____ No)

_____ **Allergies** – please list: _____

_____ **Insect Stings/Bites** _____ **Diabetes** _____ **Kidney Trouble** _____ **Heart Trouble** _____ **Other** (please list) _____

_____ **Medications & Dosage:** _____

****DO WE NEED TO ADMINISTER MEDICATIONS TO THIS STUDENT?** _____ Yes _____ No

_____ **Restricted Diet** – explain: _____

Medical Waiver

To be filled out by the parent or legal guardian of participants under 18 years of age.

For all events of First Baptist Church of Winder, I give permission for my youth, _____, to receive any necessary medical treatment in my absence. I understand that in the event that my youth requires medical attention, a representative of First Baptist Church will contact me. However, in the event that I cannot be reached, I give the authority for medical treatment decisions for my youth to the First Baptist Church representative in possession of this document and if necessary obtain the services of a licensed physician and/or hospital emergency room. Above, I have noted any special medical problems, allergies, or other concerns about my youth's health.

I, the undersigned parent and/or legal guardian of _____, a minor, do release, acquit, discharge, and covenant to hold First Baptist Church of Winder, or its representative, from any and all legal action, damages, or liabilities arising out of the treatment of any sickness or injury incurred by said minor during an activity/event.

I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church website.

Signed _____ Date Signed _____
MOTHER / FATHER / LEGAL GUARDIAN

NOTARY PUBLIC

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____ / _____ / 20____.

_____ Notary Public My commission expires _____ / _____