2008-2009 MEDICAL AND PHOTO/VIDEO PERMISSION RELEASE FORM

FIRST BAPTIST CHURCH, MOULTRIE, GA

My child will participate in: ___AWANA ____Children's Choirs ___Bible Drill ____RA's ___ GA's ____Mission Friends

Participant's Name: _____ Grade/Age _____ DOB _____

Address: _____ City: _____ St: ____ Zip: _____

Parents Names: _____ cell # _____ work # _____ Home # _____

_____ cell # _____ work # _____ Home # _____

Email address: Mother _____ Father _____

Child _____

T-shirt size: Children's sizes: (XS) 2-4, (S) 6-8, (M) 10-12, (L) 14-16 Adult sizes: S M L

In case of Emergency the parents will be notified at the above numbers. In the event of being unable to locate the parents please give another contact.

1. Name _____Relationship _____

Home Phone_____ Cell Phone _____ Work Phone _____

Child's Physician: _____ Phone: (___) _____ ___

Provide a copy of the child's insurance card.

PAST MEDICAL HISTORY

(Check, or list other giving appropriate information)

_____ Hay fever _____ Asthma/Bronchitis _____Kidney Trouble _____ Heart Trouble _____ Dizziness _____ Diabetic

Allergies

Food: _____ Penicillin or other drug (name): _____

Insect Stings/Bites: _____ Poison sumac, oak, ivy: _____

Any medications the child is taking (list): _____

Are there any restrictions due to health when participating in physical activities? _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE AND INDEMNITY

My permission is granted for the Minister, worker/chaperone, or any adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child.

Also, I understand that as a participant, my child may be photographed or videotaped during normal trip activities and these photos/videos may be used in videos and/or photo walls.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, state convention and employees, and the First Baptist Church of Moultrie, Georgia from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while attending Children's Department events.

I agree to indemnify all sponsors, state conventions and employees, and the First Baptist Church of Moultrie, Georgia from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while attending Children's Department events and/or while on the property where said events are held.

Parent/Custodial Signature: _____ Date: _____

Notary Public (we have a Notary in the office)

On this the ____day of _____, 2008, _____
Who is personally known by me and personally appeared before me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal.

Signed: _____ Seal