

# 2008-2009 MEDICAL AND PHOTO/VIDEO PERMISSION RELEASE FORM

First Baptist Church, Moultrie, GA – FIREUTH Ministry, Youth Choir Ministry

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: Adult sizes: S M L XL XXL

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.**

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**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 Youth 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 Youth 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