

PARENTS PERMISSION / MEDICAL RELEASE
Concord Baptist Church – Student Ministry
January – December 2019

Youth's Name _____ Age _____

If Guest / Guest of Who? _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Parent Email: _____

Student Email: _____

Home Phone _____ Business Phone _____

Cell Phone _____ Please include both **Mother & Father** information if applicable

Contact Person (other than parent/guardian):

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Personal Physician:

Name _____ Phone _____

Necessary medical information that would hinder your full participation in the event or be helpful to a physician, if you require medical attention at any time (drugs presently taking, rare blood type, allergies to drugs, etc.): _____

Immunization status and date (Tetanus, etc.): _____

Insurance Information:

Medical Insurance Co. _____

Policy/Group # _____ **Copy of insurance card attached**

Medical and Surgical Waiver

The person described on this registration form has my permission to engage in all Youth activities and events for the dates listed herein, except as noted by me. If a medical emergency should arise while my youth is at or in transit to and from the above listed activity or event and I cannot be reached, I hereby consent and give my permission to the Minister of Students or representative of Concord Baptist Church to select a physician and/or hospital for my youth's care. I hereby also give the physician and/or hospital, as selected by the Minister of Students or representative of Concord Baptist Church, permission to hospitalize, treat, and to order injections, anesthesia, or surgery for my youth who is named herein, which may in their sole discretion be necessary and proper under the circumstances.

I do hereby release, acquit, discharge and covenant to hold harmless the Concord Baptist Church and its representatives (the Minister of Students or ministry staff) of any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by my said youth during the dates listed herein.

Parent / Guardian Signature

Relationship

Publicity Waiver

On occasion Concord Baptist Church-Student Ministry takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual records may be used by Concord Baptist Church-Student Ministry publications or advertising materials or social media to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interests features. I consent to the use of any (appropriate) such audio or visual record of the student named above to be used, distributed or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings (appropriate in nature). Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

- o Yes, you have my permission to include my student's photos.
- o No, I do not want my student's photos to be included.

Signature of Parent or Legal Guardian

Date