

FIRST BAPTIST CHURCH of Madison, AL
MEDICAL, PHOTO and VIDEO PERMISSION & RELEASE

Name _____ Age _____ Date of Birth _____
Address _____ City / Zip _____
Home Phone _____
Father's Name _____ Work and/or Cell Phone _____
Mother's Name _____ Work and/or Cell Phone _____

Emergency Contact _____ Relationship _____
Work Phone _____ Cell Phone _____

Family Physician _____ Office Number _____
Physician's Office Address _____

Health Insurance Co. _____ Group No. Policy No. _____ Policy No. _____
Name of Policy Holder _____
*** Please attach a photocopy of the front and back of your insurance card.

MEDICAL HISTORY

(Attach explanation or continuation sheets as needed)

Height _____ Weight _____ Blood Type _____ Rh Factor _____

(Circle all that apply)

<u>Immunizations</u>	<u>Chronic Conditions</u>	<u>Allergies</u>
Tetanus	Asthma	Foods (List)
Polio Booster	Sinusitis	Penicillin
Measles	Bronchitis	Other Drugs (List)
Mumps	Kidney Trouble	Insect stings/bites
Other	Diabetes	Poison Sumac
	Heart Trouble	Poison Oak
		Poison Ivy

Operations _____

Serious illnesses _____

Current Medications _____

Special Diet (Name or description) _____

Childhood Diseases: (Circle all that apply):
Chicken Pox Measles Mumps Whooping Cough Other _____

(OVER PLEASE)

I give my consent for my son/daughter to receive immediate medical attention in case of emergency while being accompanied by a church staff member, volunteer, or chaperone from First Baptist Church. Said First Baptist Church representative shall be authorized to decide any emergency medical or dental procedures for said child. In the event a decision is required in an emergency, said church representative may make any decision regarding the emergency after first trying to reach and consult said child's parents. Thereafter, said church representative shall continue to attempt to notify said child's parents until said child's parents are contacted.

I give my consent for my child to ride on the First Baptist Church of Madison, Alabama's van, bus or other vehicles they are using under the direction of a church approved driver. I also give my permission for my child to participate in activities sponsored by First Baptist Church.

I release any photographs or video taken of said child, by representatives of First Baptist Church of Madison, Alabama, to be used throughout the church, on the website, by local media and in church publications.

This medical, video and photo permission and release form is valid for the 12-month period following this date.

Parent/Guardian Signature _____ Date _____

Sworn and subscribed before me on the _____ day of _____, 20 ____.

Notary Public _____

My commission expires: _____