

Delhi FBC

MEDICAL/PHOTO/VIDEO PERMISSION RELEASE FORM

* Please attach a photocopy of each participant's insurance card. *

PLEASE PRINT

Name: _____ Sex: M F Age: _____
Address: _____ City: _____ St: _____
Zip: _____
In case of an emergency notify: _____
Phone: (_____) _____

MEDICAL HISTORY & INSURANCE INFORMATION

Family Physician: _____
Phone: (_____) _____ Family Insurance Co. _____
Policy #: _____
Please attach a photocopy of participant's insurance card.
Date of last Tetanus: _____

Check all that apply: Asthma Sinusitis Kidney Trouble Heart Trouble Diabetes
 Other: _____

Allergies: (food, drugs, insect stings/bites, etc.) _____

Previous Operations or serious illnesses: _____
Any current medications you are taking (list): _____

Other: _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, AND INDEMNITY My permission is granted for the Start Baptist Church staff, or any Church leader or 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 Church activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Start Baptist Church and all sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Church group activities. I also understand that this form is good for 1 year.

Participant's Signature: _____

Date: _____

Parent/Custodial Signature: _____

Date: _____