

NOTARIZED MEDICAL RELEASE FORM

FIRST BAPTIST CHURCH

106 Bluegrass Commons Blvd., Hendersonville, TN 37075 824-6154

NAME \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Home Phone Number \_\_\_\_\_ Cell Phone Number (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_  
 Place of Business (Dad) \_\_\_\_\_ Phone # \_\_\_\_\_ (Mom) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Parents or Guardian's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In the event of an emergency, give the name and phone # of friends or relatives we can contact who will know how to reach the parents or guardian.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List known food/drug or other allergies: \_\_\_\_\_

IMMUNIZATIONS: \_\_\_Tetanus \_\_\_ Polio Booster \_\_\_Measles \_\_\_Mumps

List medications taken regularly

\_\_\_\_\_  
 Previous operations, surgeries, or serious illnesses (list year)  
 \_\_\_\_\_

SWIMMING: My child is \_\_\_non-swimmer \_\_\_fair swimmer \_\_\_good swimmer

Any other special instructions regarding youth

**PARENT/GUARDIAN PERMISSION**

*I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, camps, and events of First Baptist Church of Hendersonville, Tennessee. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representative or sponsors from liability for accident of injuries on these trips or activities.*

*I further understand and agree that in the event that the above named son/daughter is involved in any non-Christian or dangerous activities, will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.*

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during First Baptist Church sponsored events and waive and/or assign any and all rights (including copyright) in such media to First Baptist Church of Hendersonville. First Baptist Church of Hendersonville, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

*I have supplied, understood, and agree to all the information contained on the Medical Release Form.*

Parent/Guardian Signature \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

Notary \_\_\_\_\_ My commission expires: \_\_\_\_\_

<p><b>THIS MEDICAL RELEASE IS VALID FOR THE CURRENT          CALENDAR YEAR IN WHICH IT IS SIGNED</b></p>
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