



MEDICAL RELEASE FORM

STUDENT INFO:

First _____ Middle _____ Last _____

Home Address _____ City _____ State _____

Date of Birth _____ Gender _____ Current Grade _____

Insurance Company _____ Policy # _____ Group # _____

Food/Drug Allergies _____

Medications Taken Regularly _____

Previous Surgeries or Serious Illnesses _____

PARENT/GUARDIAN INFO:

Name _____ Cell # _____ Relationship to Student _____

Name _____ Cell # _____ Relationship to Student _____

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, he/she will pay his /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 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 _____ Commission expires _____

THIS MEDICAL RELEASE FORM IS VALID FOR THE CURRENT CALENDAR YEAR IN WHICH IT IS SIGNED