

Medical / Photo and Video Permission and Release Form

Name _____ Age _____
Phone _____ City _____
Address _____ State _____ Zip _____
Emergency Notification Name _____ Phone _____
Insurance Company _____ Policy # _____
Family Physician _____ Phone _____
DOB _____

IMPORTANT: Please be prepared to share a copy (front and back) of insurance card, along with the name, address, and phone number of person holding insurance if different from participant.

Past Medical History

Please note any allergies:

Food _____

Penicillin or other drugs _____

Insect bites/stings _____

Poison sumac, oak, ivy _____

Other _____

Please list any medications you are taking _____

Permission for Treatment and Photo/Video Notice

My permission is granted for a church minister, church official or any chaperone in charge 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 photo/videos may be used in promotional material.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Immanuel Baptist Church (and affiliated churches), Tallahassee 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 Immanuel Baptist Church, Tallahassee activities.

I have read, understood and agree to the trip guidelines for Immanuel Baptist Church, Tallahassee Student Ministry. _____: **Initial here to apply this waiver for all Immanuel Baptist Church, Tallahassee student ministry events through December 31, 2020**

Dated this ____ day of _____, _____.

State of Florida, County of Leon.

Signature

On this the ____ day of _____, _____, personally appeared before me

_____, personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this ____ day of _____, _____.

(SEAL)

Signature of Notary Public

My commission expires: _____