

# Permission/Medical Release Form

## **First Baptist Church North Wilkesboro, NC**

I, \_\_\_\_\_, understand and agree that during travel with the First Baptist Church North Wilkesboro Children and Youth Ministry, on all events for 2023, that these are the procedures that are followed.

In the case of an emergency while the named individual is in the care of First Baptist Church, the church will notify the emergency persons listed below immediately. In the event the church is unable to reach these persons immediately, the church party responsible and or its' designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred.

Child/Youth Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_ / \_\_\_\_\_ Parents Names: \_\_\_\_\_

### **In Case Of Emergency Notify**

1. Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship of the Above to the Participant:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### **Insurance Information** (Please attach a copy of your Insurance Card)

Company Name \_\_\_\_\_

Policy No./Group No. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **Allergies** (Please list any allergies to medicines/ foods/ or otherwise)

\_\_\_\_\_  
\_\_\_\_\_

(Over)

**Restrictions** (Please list any activities needing restriction)

Can this person swim? \_\_\_\_\_ Other Restrictions:

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**Medical History** (Please describe any health problems)

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**Medication**

Date of Last Tetanus Shot: \_\_\_\_\_

Are you required to take any medications on a daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, please give details and instructions.

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**Photo Release**

By signing below and attending a First Baptist Church event, I agree that pictures or video may be taken of me or my child/youth. By virtue of my signature I grant First Baptist Church the right to take pictures of my student and to use them as they see fit without further permission or compensation. Permission is granted unless a signed statement is on file with the church office stating otherwise than stated here.

\_\_\_\_\_  
*Signature of Participant (If participant is 18 years old or older)      Date*

\_\_\_\_\_  
*Printed Name of Participant*

\_\_\_\_\_  
*Signature of Primary Guardian (If participant is under 18 years old)      Date*

\_\_\_\_\_  
*Printed Name of Primary Guardian*