

**First Baptist Church of Roswell, Georgia
Medical/Photo and Video Permission and Release Form**

* Attach a photocopy of health insurance form or card *

Name _____ Age _____ Phone _____

Address _____

City _____ Zip Code _____

Emergency Notification Name _____ Phone: _____

Insurance Company: _____ Policy # _____

Subscriber Name: _____ Subscriber Number: _____

Family Physician _____ Phone: _____

Medications Being Taken (if any) _____

Date of Tetanus Immunization: _____

Health Problems _____

Allergies _____

Any other helpful information in the event of an emergency _____

Parent/Guardian Only

My permission is granted for the church minister, church official, or any chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child/youth _____. 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 First Baptist Church, Roswell from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while employed or participating in First Baptist Church, Roswell activities.

Dated the _____ day of _____, 20____.

State of _____, County of _____.

Parent/Guardian's Signature _____

Notary Public Only

On this the _____ day of _____, 20____, _____

Personally appeared before me _____; personally known by me and in the presence executed the within and foregoing permission release form. Witness my bond and official seal this _____ day of _____, 20____. My commission expires _____.

Notary Public _____

Revised 12/8/09