

Medical Release Form
Central Baptist Church — Youth

Name of Child: _____ Birthdate: _____

Gender: _____ Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address(es): _____

If not available in an emergency notify:

Name _____ Phone _____

Name _____ Phone _____

Please furnish current health insurance information

Health Insurance Company: _____

Policy #: _____

Please note allergies:

Food: _____ Penicillin or other drugs: _____

Insect bites/stings: _____ Poison Sumac, oak, ivy: _____

Other: _____

Current Medications: _____

Family Physician: _____ Phone Number: _____

I certify that my child is in good health, to the best of knowledge, and from past health examinations. I give permission for my child to engage in all activities, unless noted by me. If I cannot be reached in the event of an emergency, I hereby give my permission for the church minister, church officials, and any chaperone in charge to obtain necessary medical attention. I hereby release and forever discharge all sponsors and Central Baptist Church, College Station, Texas, from any and all claims, demand, actions or cause of action, past, present or future arising out of any damages or injury while employed or participating in Central Baptist Church, College Station, Texas activities. The Release form is valid for a year from the date signed below.

Dated the _____ day of _____, 20 _____

Printed Name: _____

Signature: _____

Medical Administration Consent

I, _____, parent/guardian of _____, give my permission to the Special Needs Director, Special Needs Intern, or qualified Special Needs Volunteer to administer my child's emergency medication if required. Signature: _____ Date: _____

Photo /Video Notice

Permission is granted to give Central Baptist Church, College Station, Texas, or assigns, licensees, and legal representative, the irrevocable right to use pictures, portraits, videos, or photographs of my child in all forms and in all media and in all manners, for promotion, exhibition, and any other lawful purpose. I waive any right to inspect or approve the photograph's, including written copy that may be created and appear in connection therewith.

Dated the _____ day of _____, 20 _____

Printed Name: _____

Signature: _____