

Rolesville Baptist Church Permission/Medical Form

January-December 2018

Student's Full Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Current Grade: _____

Student's Contact Number(s)

Cell: _____ Home: _____

Parent's Names: _____

Parent's Contact Number(s): _____

In Case of Emergency Notify

1. Name: _____ Relationship to Student: _____

Cell #: _____ Home: _____ Work: _____

2. Name: _____ Relationship to Student: _____

Cell #: _____ Home: _____ Work: _____

3. Name: _____ Relationship to Student: _____

Cell #: _____ Home: _____ Work: _____

Insurance Information

Insurance Company: _____ Company Phone #: _____

Subscriber Name: _____

Subscriber ID #: _____ Group Number: _____

Medical Information

Physician: _____

Physician's Phone Number: _____ Date of Last Tetanus: _____

Medications Currently Taking: _____

Medicine Allergies: _____

Food Allergies: _____

Other Allergies: _____

(OVER)

Special Conditions/Restrictions: _____

Photo Release

By signing below and attending a Rolesville Baptist Church event, I agree that pictures or video may be taken of me or my child. By virtue of my signature, I grant Rolesville Baptist Church the right to take pictures of my child 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.

Granting of Permission and Release

I give permission for my above-named child to join the group of Rolesville Baptist Church, Rolesville, NC for activities held **January-December 2018**. I understand that it is my responsibility to notify the church (in writing) of any changes regarding this medical information and permission form.

I hereby release Rolesville Baptist Church, its staff, and chaperones from responsibility and liability for any injury or illness that I/my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. If I am of legal age, I expect my next of kin to be contacted as soon as possible. If I am under 18, I expect my parent or legal guardian to be contacted as soon as possible.

_____ Signature of Natural Parent or Legal Guardian	_____ Date
_____ Printed Name of Natural Parent or Legal Guardian	_____ Date
_____ Signature of Participant (if participant is 18 years old or older)	_____ Date

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

State of _____, County of _____

My commission expires _____

Notary Public _____ (affix seal)