

**Permission and Medical Release Form**

**East Side Baptist Church**

**1111 3<sup>rd</sup> Street SE, Cullman, AL 35055**

**256-734-6144**

I hereby grant permission for \_\_\_\_\_ to participate in the East Side Baptist Church Children's Ministry activities planned for the calendar year 2017 - 2018 and to engage in all activities of the group.

I also hereby grant permission for my child, to travel with East Side Baptist Church (ESBC). I understand that they will be traveling in church owned or personal vehicles. I hereby release East Side Baptist Church employees, volunteers, chaperones, heirs and assigned from East Side Baptist Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while on trips with East Side Baptist Church's Children's Ministry.

I also hereby grant permission and authorization to the sponsors of the group to seek and obtain such emergency care, first aid, or medical treatment as may be necessary in the event my child should be injured or become ill for any reason at my expense.

I hereby authorize the doctor, dentist, or such medical agency chosen or retained by the ESBC Children's Ministry Staff or Leaders to render the necessary emergency care, first aid, and/or medical treatment or service for the health and welfare of my child.

The Children's Ministry Staff, leaders, volunteers and East Side Baptist Church engaged in helping my said child are hereby expressly relieved of any and all liability for damage which may result from injury incurred while participating in this activity or their good faith efforts to render such emergency care and assistance as it may be needed.

**Personal Information:**

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**In Case of an Emergency Notify:** (Please List Two Contacts)

Name and Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name and Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Information**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical Information**

Family Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent or guardian, Does your child have any medical condition that might need special attention? (Circle Yes or No) YES NO

If yes, please list any specific condition. \_\_\_\_\_

Please list any allergies your child has. \_\_\_\_\_

(continued on back)

If your child has allergies, what procedures are usually used when they come in contact with something they are allergic to? \_\_\_\_\_

\_\_\_\_\_

If your child is currently taking any medications, please list the type of medication and the dosage.

\_\_\_\_\_

Are there any activities that need to be restricted? \_\_\_\_\_

\_\_\_\_\_

Approximate date of last Tetanus shot.

\_\_\_\_\_

Other medical information.

\_\_\_\_\_

**\*\*\*Please attach a photocopy of your health insurance card to this form.**

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**PARENTAL PERMISSION FORM TO ALLOW USE OF CHILD'S PHOTO ON OUR WEBSITE, FACEBOOK PAGE AND OTHER SOCIAL MEDIA FOR EAST SIDE BAPTIST CHURCH.**

Please check the line indicating your desire for the use of your child's photos.

\_\_\_\_\_ Yes, I will allow pictures or video of my child to be used on East Side Baptist Church's website, Facebook page, and other social media.

\_\_\_\_\_ No, please do not use pictures or videos of my child on East Side Baptist Church's website, Facebook page, and other social media.

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**Parent's signature**

**Date**