

Permission and Medical Release Form
East Side Baptist Church
1111 3rd Street SE, Cullman, AL 35055
256-734-6144

I hereby grant permission for _____ to participate in the East Side Baptist Church Student 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 student, 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 Student 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 student 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 Student 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 student.

The Student Ministry Staff, leaders, volunteers and East Side Baptist Church engaged in helping my said student 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 Student _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name and Relation to Student _____
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 student 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 student has. _____

(continued on back)

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

If your student 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.**

PARENTAL PERMISSION FORM TO ALLOW USE OF STUDENT'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 student's photos.

_____ Yes, I will allow pictures or video of my student 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 student on East Side Baptist Church's website, Facebook page, and other social media.

Parent's signature

Date