



Permission-Release Form

Student Information

Name _____ Address _____
 Birthdate: _____ Grade: _____ City _____ State _____ Zip _____
 Email _____ Student Cell # (____) _____

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize First Baptist Church Gulfport student ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

If it is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s). Each additional trip other than Sunday and Wednesday student worship must be initiated by parent/guardian to ensure that the information on this document is still true and correct.

Parent/Guardian Information/Emergency Contact/Medical Form

Parent/Guardian Information

Parent/Guardian's Name _____
 Day Phone (____) _____ Cell (____) _____ Evening (____) _____
 Parents/Guardian Email Address _____
 Other Emergency Contact _____ Phone (____) _____

Medical Information

Family Doctor _____ Phone (____) _____
 Insurance Co. _____ If not insured please check here _____
 Policy #, or Group # _____

Known Medical Conditions

Medication? _____

Allergies: Food _____

Penicillin or other drugs? _____

Poison sumac, oak or ivy? _____

Last Tetanus Immunization? _____ Contact Lenses? _____

Will Allow Blood Transfusions? (Check) YES _____ NO _____

Other _____

Release of the Church

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend First Baptist Church Gulfport its agents, servants, employees, officers, and directors from any other sums which First Baptist Church Gulfport, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to First Baptist Church Gulfport and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by _____ (child's name).

Trip to: _____ Date: _____ Parent/guardian Initial _____
Trip to: _____ Date: _____ Parent/guardian Initial _____
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Video and Photography Release

_____ (parent's name) give permission for _____ (child's name) to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during First Baptist Church Gulfport events and activities through video, photo and digital camera, to be used solely for the purposes of First Baptist Church Gulfport promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to bulletin boards, website, Email Newsletters, and Facebook and Instagram page. Pictures are published without last names.

FORM MUST BE NOTARIZED Please Sign in front of Notary

Parent (signature) _____ Date _____
Legal Guardian _____ Date _____

On the above date, the above named person(s), personally known to me, appeared before me and in my presence executed the within and foregoing authorization form. Witness my hand and official seal this the ____ day of _____, 20 ____

Notary Signature _____

Notary Public
My Commission expires: _____