



FIRST BAPTIST CHURCH MONTICELLO

First Students Medical and Photo Release Form

General Information

Student Name _____ Grade _____

Emergency Contact and Phone Number _____

Emergency Contact's relationship to the student _____

Medications to be taken _____

Insurance Provider _____ Group # _____ Policy # _____

Medical and Photo Release

I hereby give my permission for my child to participate in any activities coordinated by First Baptist Church of Monticello's (FBC Monticello) Student Ministry. I understand that in the event that my child is injured every attempt will be made to contact me, but in the event that I cannot be contacted I give my permission for Steven Price or his designee to provide my child with any medical attention that should be needed. I give permission for Steven Price or his designee to make any medical decisions to his best judgment for my child should I not be able to be contacted. I agree to pay for any and all medical expenses that should occur if my child is injured during church activities. I will not hold FBC Monticello, or any company or property that has been reserved by FBC, liable to any legal consequences should my child become injured during any activity coordinated by FBC.

I hereby give my permission for my child to be photographed for promotional use. I understand that the photographs of my child are property of FBC Monticello and can be used at their discretion; including but not limited to social media and internet website use.

Parent or Legal Guardian Signature _____

Date _____