

MEDICAL, PHOTO AND VIDEO PERMISSION AND RELEASE FORM

First Baptist Church of Melbourne, Florida

This form is for use on all church sponsored activities for one year. Today's date is: _____
Please attach a photocopy of your insurance card.

Participant's Full Name _____

Date of Birth: _____ SS# _____

Parent(s) or Guardian(s) _____

Address: _____ City: _____

Zip: _____ Phone # _____ Work # _____

Cell Phone or Pager # _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

Is this child covered by any medical or hospitalization insurance? _____

Name of Insurance Co: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Policy No.: _____

Name of Policy Holder: _____

Immunizations (Give Dates): _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

PAST MEDICAL HISTORY

(Check, giving appropriate information)

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Troubles ____ Heart Trouble ____ Diabetes ____ Dizziness

Allergies

Food: _____ Penicillin or other drug (name) _____

Insect Stings/Bites: _____ Poison sumac, oak, or ivy: _____

Other: _____

Previous operations or serious illnesses: _____

Any medications you are taking (list): _____

Special Diet: (Name) _____

Childhood Diseases: _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other

BE SURE TO SIGN THE SECOND PAGE AND HAVE THE FORM NOTARIZED!

THINGS WE HAVE AN UNDERSTANDING ABOUT

Guidelines of Conduct

For your information we expect each student to conform to these Guidelines of Conduct:

Possession or use of alcohol, drugs or tobacco, weapons, fireworks, explosives and lighters is prohibited
Students may not drive without prior approval
Offensive or immodest clothing is prohibited
Boys may not enter the girls sleeping quarters and girls may not enter the boys sleeping quarters
Participation in the group and event schedule is expected
Respect property—however, if damage occurs, participant is liable for repair or replacement
Respect staff, adult leaders and one another

Students who fail to comply with these expectations may be sent home at their parents expense.

I, the student, have read the guidelines of conduct. I agree to abide by the guidelines of conduct

Student signature: _____ Date: _____

I (we) the parent(s), have read the guidelines of conduct. I (we) realize that if our student(s) do not comply with the Guidelines of Conduct that they may be sent home at my(our) expense.

Parent(s) signature: _____ Date: _____

_____ Date: _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE AND INDEMNITY

My permission is granted for the First Baptist Church leaders, or FBC staff or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my student and to have access to my child's medical records from any health care provider, including all records subject to the regulations of the Health Insurance Portability and Accountability Act of 1996.

Also, I understand that as a participant, I(or my student) may be photographed or videotaped during normal FBC activities and these photos/videos may be used in promotional materials or on our Web Page. I, the signed, do hereby verify that the information on the reverse page is correct and I do hereby release and forever discharge all sponsors, employees and the First Baptist Church of Melbourne from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in FBC activities. I agree to indemnify all sponsors, employees and the First Baptist Church of Melbourne.

Please complete and sign below (students under 18 years of age require parent/custodial signature)

Participant's Signature: _____ Date: _____

Parent/Custodial Signature: _____ Phone _____ Date: _____

Notary Public

State of Florida: County of Brevard

The foregoing instrument was acknowledged this _____ day of _____, 20____,

by _____, who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it. My commission expires_____.

Signed: _____

Personally Known

Produced Identification

Type of Identification: _____