



Salem Baptist Youth Ministry

January 1, 2018 ~ January 1, 2019 Annual Medical Permission & Release Form

Name _____ Birth date _____ Age _____ Grade _____
 Home # _____ Cell # _____ Do you want to receive text messages? _____
 Email _____
 Street address _____ City _____ State _____ Zip _____

Mom/Guardian name _____ Work # _____ Cell # _____
 Email _____
 Dad/ Guardian name _____ Work # _____ Cell # _____
 Email _____
 Member of Salem { } If not, are you a member of a church? Where? _____

Medical Information

Please attach a copy front & back of insurance card.

Insurance Company _____ Policy # _____
 Family Physician _____ Phone # _____
 Allergies _____
 Current Medication _____
 Other Information _____

Permission to Participate

In giving my child, _____, permission to attend and participate in programs and events and any of their associated activities sponsored by the Youth Ministry of Salem Baptist Church, I the undersigned, shall assume any and all costs including transportation costs, should any arise or should it become necessary for my child to return home due to medical reasons or otherwise.

Medical Permission

In case of emergency, illness or injury to my child, my permission is granted for the YOUTH MINISTER or another adult in charge to secure necessary medical attention as quickly as possible at the nearest medical facility and by a certified doctor or medical attendant who would be immediately available.

Release

Realizing that all normal care and caution will be taken by the sponsors, I do hereby release and forever discharge the sponsors and Salem Baptist Church from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damage or injury to my child. I also agree to accept full responsibility for the payment of all medical bills incurred by my child as a result of any accident or emergency.

Media Release

I hereby give SALEM BAPTIST CHURCH full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of me for use in editorial content, art, advertising, trade or any other lawful purpose, including, but not limited to printed materials such as brochures and newsletters, videos, broadcast, and digital images such as those on the church web site. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of my likeness. I waive any right to inspect and approve final use of materials covered hereunder.

Signatures

By signing on this dated, _____ day of _____, 20____ in the State of Tennessee and County of _____, I indicate that I have read, understand and agree to the statements above.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Notarization

On this the _____ day of _____, 20____, the above signed personally known by me and appeared before me, _____, and in my presence executed the within and foregoing Annual Medical Permission & Release Form.

My commission expires _____

Notary Public _____

Seal