

**Broadway Baptist Church – CHILDREN’S MINISTRY**  
**2017 Parent/Guardian Consent-Medical AND Photo/Media Release Form**

Child’s Name _____	Date of Birth ____ / ____ / ____	Age _____
Address: _____	2016- 2017 School Grade _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
City _____	State _____	Zip _____

Name of Parent/Guardian _____	
Home Phone _____	Cell Phone _____
Email Address _____	Which church do you attend (if any)? _____
Emergency Contact other than parent/guardian _____	Phone _____
Relationship to Child _____	

**Medical and Insurance Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
List any known allergies/medical conditions we should be aware of \_\_\_\_\_  
\_\_\_\_\_

**Permission:**

I, \_\_\_\_\_ (parent or guardian) give Broadway Baptist Church permission to photograph my child \_\_\_\_\_ (child) for church use. Broadway Baptist Children’s Ministry will, from time to time, photograph the children while engaged in field trip and church activities. The photos may be displayed within our church or in other publications and advertisements. We will not identify any child or release any personal information.

Parent’s Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby give permission for \_\_\_\_\_ (student/child) to travel with Broadway Baptist Church on Children’s Ministry Trips during 2017.

- I do hereby verify that the information above is correct and grant permission for the church to obtain medical attention in case of sickness or injury to my student/child.
  
- I hereby grant permission for any attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my student until the church is able to reach me personally.
  
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past present or future arising out of injury or damage while participating on this trip.
  
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to my student/child, I hereby waive all claims against the organizers, sponsors or any supervisors appointed by them. I likewise release from responsibility any person transporting my student/child to and from the activities.
  
- I understand that my child may be transported in a church vehicle or chaperone’s personal vehicle.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_