

NextGen Activity, Medical, Photo, Video, and Discipline Release

Name: _____ Birth Date: _____

Address: _____ City: _____ State: ____ Zip: _____

In Case of Emergency Notify: _____ Phone: _____

*Please include a copy of your most recent insurance information.

Medical History

Past Conditions

Please list all known medical conditions:

Allergies

Please list all known allergies:

Prescriptions

Please list all current prescriptions with medication instructions:

Immunizations

Is this individual up to date on current immunization? Yes No

Misc.

Is there any other medical information of which we should be aware? Yes No

If yes, please describe: _____

Releases

(must be signed in the presence of a notary)

Activity Release

I, the parent/guardian of _____, consent for my child to participate in activities with Southside Baptist Church. I understand that my child’s participation in these activities is purely voluntary and I agree to hold Southside Baptist Church, its employees, and its volunteers harmless for any and all liability for any injuries including death which my child might sustain while participating in an activity.

Initial: _____

Medical Release

I also grant the adult representatives of Southside Baptist Church the authority to obtain necessary medical attention for my child. I, the undersigned, do hereby verify that the above information is correct and may be used for the proper treatment of my child. In event of necessary medical treatment I will not hold the church responsible and will be responsible for any expenses incurred.

Initial: _____

Photo and Video Release

I also understand that my child may be photographed and/or videotaped during activities with Southside Baptist Church and these photos/videos may be used in public spaces within the church and/or publicity pieces both internal and external to the church.

Initial: _____

Policy Release

I also have read and approved of the policies and procedures for this NextGen area of Southside Baptist Church and agree to the requirements it places upon me as a parent, my child, and the adult volunteers/staff participating in NextGen.

Signed: _____ Date: _____

Notary

Sworn and subscribed to me this _____ day of _____, 20____
 by _____, who is personally known to me or
 produced _____ as identification.

Signed: _____
notary public

Notary Public

State of: _____
 County of: _____

{Seal}