Myers Park Baptist Church
Medical Consent Form and Photo Release Information

Parent's Last Name:_____ First Name:_____
Address:_____ Apartment #:_____
City:_____ State:_____ Zip:_____
Home Phone: ( )_____ Cell Phone: ( )_____ Work Phone: ( ) _____

Children's Names (first & last)	Date of Birth	List all known medical conditions, including food allergies and /or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

In an emergency, please contact:_____
Relationship to child/children:_____
Phone #'s: Cell_____ Home_____ Work_____

Or contact:_____
Relationship to child/children:_____
Phone #'s: Cell_____ Home_____ Work_____

Physician's Name:_____
Address:_____
Phone #'s: ( )_____ ( )_____

Dentist's Name:_____
Address:_____
Phone #'s: ( )_____ ( )_____

Primary Insurance Company:_____
Phone #'s: ( )_____ ( )_____
Billing Address:_____
Policy Holder's Name:_____
Address:_____
Relationship to child/children:_____
ID #:_____ Group/Policy #:_____
Hospital of choice to send child in case of emergency:_____

(Continued on back)

Required Information:

List all persons (other than parents) authorized to pick participant(s) up:_____
_____

Please list ANY additional information about the participant's health (including medications, physical, behavioral, or emotional health) about which the staff should be aware:_____
_____

I understand that Myers Park Baptist Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation. I acknowledge that I assume the risk for any and all injury and illness which may result from participation. In consideration of the privilege of participating in events at MPBC, I hereby voluntarily release and discharge Myers Park Baptist Church and its agents, servants, volunteers, and employees from any and all claims for injury, illness, death, loss, or damage which may be suffered as a result of participation. A parent/responsible party must discuss with the event director any special conditions or circumstance involving their child prior to participation. I hereby give permission to the medical personnel selected by MPBC staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of a medical emergency. I understand that no accident/medical insurance is provided with this activity.

Signature of parent:_____ Date:_____

Photo Release Information:

I grant Myers Park Baptist Church the unlimited right to use and/or reproduce photographs of my child in any legal manner and for the internal or external promotional and informational activities of Myers Park Baptist Church. I also agree to allow my child's photograph to be published on the Myers Park Baptist Church website/Intranet Web pages or MPBC publications. I have read and understand the above stated material(s).

Parent Name (printed)_____ Parent Signature_____

Student(s) Name(s)_____