



Permission, Medical and Internet Release
(9/1/15 – 8/31/16)

Name of Child: _____ Date of Birth: _____

Parent's (or legal guardian) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Health Insurance Company Covering Child: _____

Policy Number: _____ Group Number: _____

Name of Subscriber: _____

Personal Medical Information

Known Allergies

Medical History

Current Medications

Dietary Restrictions

Physical Restrictions

Date of Last Tetanus Shot: _____

*This form covers all activities sponsored by the First Baptist Church Creedmoor.
You will only need to fill out this form once per year*

**Statement of Permission for all Ministry Trips,
Medical Liability and Release, and Media / Internet Release**

I give permission for my child, _____, to participate in the planned activities of First Baptist Church of Creedmoor. I understand that reasonable plans have been made to ensure the safety of all participants. I also understand that ministry leaders will be chaperoning children activities and will take reasonable action as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly Christian manner and will abide by decisions made by the ministry leaders. I am aware that private transportation may be used when travel is necessary.

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event that I cannot be reached in an emergency during the activity sponsored by First Baptist Church of Creedmoor, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Insurance secured by First Baptist Church of Creedmoor will be used as secondary coverage.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Creedmoor and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church of Creedmoor, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand, as a participant of all First Baptist Church of Creedmoor activities, my child may be photographed or videoed during normal activities and these images may be posted on the First Baptist Church of Creedmoor website or placed in publications and promotional materials. I always reserve the right to have an image removed that I may deem necessary by notifying the Church Administrator.

I have read and understand the conditions described above, and I give permission for my child to participate in the First Baptist Church of Creedmoor activities through August 31, 2016.

Parent/Guardian Signature: _____

Date: _____

Notary Acknowledgement:

State of North Carolina, County of Granville

_____ personally appeared before me, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Sworn to and Subscribed on this _____ day of _____, 20____.

Notary signature: _____

My commission expires: _____

Please attach a copy (front and back) of your child's medical insurance card.