

# MEDICAL/PHOTO AND VIDEO PERMISSION AND RELEASE FORM

Please attach a photocopy of each participant's insurance card.

Name of Church - First Baptist Church - Nacogdoches, TX

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Family \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Family \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Immunizations: \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

\*\*\*\*\*

**PAST MEDICAL HISTORY** Any current medications you are taking (list) \_\_\_\_\_

## PERMISSION FOR TREATMENT, PHOTO/ VIDEO NOTICE, RELEASE & INDEMNITY

My permission is granted for the First Baptist Church of Nacogdoches Youth Minister, church official, staff member, sponsor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos / videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, church officials, staff members and First Baptist Church of Nacogdoches itself from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in the above named activity. I agree to indemnify all sponsors, church officials, staff members and First Baptist Church of Nacogdoches for any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury caused by my child while participating in the above mentioned activity or while on the property of First Baptist Church of Nacogdoches. **IMPORTANT** - First Baptist Church of Nacogdoches assumes no financial responsibility for medical expenses resulting from personal accidents or illness. First Baptist Church does not carry medical reimbursement insurance. I accept financial responsibility for the well being of the above named child and authorize the group sponsor to seek needed medical help. I also authorize the attending physician to provide any needed emergency medical treatment. I hereby waive any claim for damages for personal injury or loss of property not caused by negligence of First Baptist Church of Nacogdoches.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_