

# Children's Ministry Participant—Medical/Photo/Video Permission & Release Form

## Tabernacle Baptist Church

112 East Church Street, Cartersville, GA 30120, (770) 382-1977

Today's Date \_\_\_\_\_

Minor's Name \_\_\_\_\_ Mom's Name \_\_\_\_\_

Address \_\_\_\_\_ Dad's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Person Picking-up Child \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

Allergies: Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Insect stings/Bites: \_\_\_\_\_

Conditions/Serious Illness/Operations: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Childhood Diseases:  Chicken Pox  Measles  Mumps  Whooping Cough  Other: \_\_\_\_\_

### Initial Below:

\_\_\_\_\_ I hereby authorize Tabernacle Baptist Church to take my child to the above named physician or a medical facility for treatment in the event of an emergency.

\_\_\_\_\_ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency.

\_\_\_\_\_ I hereby authorize Tabernacle Baptist Church to transport my child to or from church field trips, or on other church sponsored activities.

\_\_\_\_\_ I hereby authorize Tabernacle Baptist Church to include my child in supervised water activities.

\_\_\_\_\_ I hereby authorize photos or videos of my child at and grant permission for those photos/videos to be used in church publications or on the church website.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

The above named participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consents to the participation of participant in the above-referenced activity conducted under the sponsorship of Tabernacle Baptist Church, Bartow County, Georgia, an unincorporated association; its agents, servants, and members. In making such consent participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and hereby consent to assume such risk.

In consideration of granting permission by Tabernacle Baptist Church, its agents, servants, and members for the participation in such activity by participant the custodian hereby, release and exonerate Tabernacle Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby wave and relinquish those in supervision of such activity and/or a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Tabernacle Baptist Church at its office at 112 East Church Street, Bartow County, Cartersville, Georgia 30120. (770)382-1977.