



Today's Date: _____

Student's Name: _____ Gender: M/F Grade: _____

Address: _____ Birthdate: _____ Age: _____

City: _____ State: _____ Zip Code: _____

Mom's Name: _____

Dad's Name: _____

Emergency Contact: _____ **Phone:** _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Immunizations: ___ Tetanus ___ Polio ___ Measles ___ Mumps

Allergies: Food: _____

Drugs: _____

Insect Stings/Bites: _____

Poison Sumac, Oak, Ivy: _____

Conditions/Serious Illness/Operations: _____

Current Medication: _____

Special Diet: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other (List Below)

Statement of Consent *(To be signed in the presence of a legalized notary public)*

My permission is granted to Tabernacle Baptist Church to obtain necessary medical/dental attention in case of sickness or emergency to my child.

I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials, church publications, or on the church website. I understand that this form is in effect from the date signed and that it is my responsibility to inform Tabernacle Baptist Church of any changes to this form.

I, the undersigned, do verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Tabernacle Baptist Church 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 an activity.

Parent or Guardian Signature

Date

Notarization

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent/guardian)

personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____