

STUDENT MEDICAL RELEASE FORM 2012

First Baptist Church Biloxi, MS 39532

Full Name _____ Date _____

Address _____

City/State/Zip _____ Phone _____

Social Security # _____ Sex _____ Birth date _____

Parent/Guardian _____

Phone # (day) _____ (evening) _____ (cell) _____

If not available in an emergency, notify

Name _____ Relationship _____ Phone _____

Allergies, Disease, Illnesses, Operations, Physical Limitations (asthma, diabetes, etc.) Rare blood or Contact lenses

Last Tetanus Shot _____ Currently prescribed medication _____

Physician _____ Phone _____

Insurance Agency & Address _____

Phone _____ Policy # _____ Group# _____

I, _____ give the sponsors of First Baptist Church Biloxi, Student
(Parent/guardian)

Ministry the authority to provide or sign for medical treatment for _____
(Student's name)

I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold First Baptist Church Biloxi, Staff or responsible parties liable for injuries, accidents, or illnesses incurred during any Student Ministry event. This form shall be kept on file and only be valid from January 1, 2012 through December 31, 2012. If any Information on this form changes during this time period; I will complete a new form and turn it into the Student Ministry Office. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary. No other insurance is provided.

Signature _____ Date _____

Print full name _____

STATE OF _____ COUNTY OF _____

I, a Notary Public in and for said State and County do hereby certify that

_____ Personally appeared before me on this date and testify that the above statement is true and correct to the best of his/her knowledge.

Date this the _____ day of _____, 20 _____.

Notary Public _____

Commission Expires _____

PLEASE COMPLETE BACK SIDE OF FORM!

FIRST BAPTIST CHURCH, BILOXI

Agreement for January 1, 2012 - December 31, 2012.

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

I hereby allow photographs and video of my child's participation in the FBC Biloxi Student Ministry & FBC Biloxi Student Music Ministry Events to be published via print, video, or website which are affiliated with FBC Biloxi. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the Church from the un-consented-to use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

SIGNATURE OF PARENT or Legal Guardian: _____

Printed Name of **PARENT** or Legal Guardian: _____

Printed Legal Name of **STUDENT**: _____