

GAMBLE ROAD BAPTIST CHURCH

Medical/Photo and Video Permission and Release Form

Student Name _____
Address _____ City _____ St _____ Zip _____
Date of Birth ____/____/____ Age _____ Current School Grade _____
Parent / Guardian _____
Home Phone () _____ Work () _____ Cell/pager () _____
Family Physician _____ Phone () _____
Insurance Co. _____ Policy # _____
Billing Address _____ City _____ St _____ Zip _____

Past Medical History

(Check appropriate information)

Immunizations: ___Tetanus (date) ___Polio Booster(date) ___ Measles(date) ___Mumps(date)
___Asthma ___Sinusitis ___Bronchitis ___Kidney Trouble ___Heart Trouble ___Diabetes ___Dizziness ___Stomach Upset ___Hay Fever

Explain: _____

Allergies: Penicillin or other drugs (name) _____

Food: _____ Insect Sting/Bites: _____

Poison sumac oak ivy _____ Other _____

Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough ___other (_____)

Previous operations or serious illnesses (describe and give dates) _____

List all current medications participant is taking _____

Special Diet (name or describe) _____

I, the undersigned, grant my permission for the above named person to participate in activities with Gamble Road Baptist Church. Also, I understand that as a participant, my child may be photographed or videotaped during normal Gamble Road activities and those photos/videos may be used in promotional material.

I, the undersigned, accept financial responsibility for wellbeing of the above named person and hereby authorize the church/group sponsor, Gamble Road Baptist Church staff in charge to obtain medical attention in case of sickness or injury to my child. I also authorize the attending physician to provide any needed medical treatment.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all volunteers and Gamble Road Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury or death or loss of property while participating in activities at/with Gamble Road Baptist Church.

This document must be signed in the presence of a Notary Public.

Parent/Guardian's Signature _____ Date _____

State of _____

Notary: _____

County of _____

My Commission Expires: _____