

First Baptist Church – Oneonta, Alabama  
Children's Ministry  
**MEDICAL RELEASE & PERMISSION FORM**

*Form expiration date: August 31, 2011*

*Please print in ink*

Child's Full Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's /Guardian's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**MEDICAL HISTORY & INSURANCE INFORMATION**

Primary Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

List all medical conditions and/or allergies that your child may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications that your child may take:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please Complete Back of this Page Also

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**LIABILITY RELEASE:** I give permission for my child to participate in activities sponsored by the First Baptist Church of Oneonta, Alabama, including activities that are not on the campus of the church. I understand that by signing this permission form that I agree to all rules and requirements given by First Baptist Church, the Minister to Children, members of the Children’s Committee and/or all chaperones. I also understand that I will in no way hold the First Baptist Church of Oneonta, Alabama, its staff, its members or its volunteers responsible for any injuries or illnesses that my child may incur while participating in church sponsored activities.

**MEDICAL TREATMENT PERMISSION:** I understand that in the event of a medical emergency involving my child that every effort will be made to contact the parent or guardian or emergency contact listed on this form. However, in the event that the listed parent, guardian or emergency contact cannot be reached, I hereby authorize the Minister to Children or other responsible adult chaperone at such activity to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to my child such injection, medication, anesthesia, surgery, hospitalization or such medical practices as they deem necessary. I further understand that I shall be liable and agree to pay all costs and expenses incurred in connection with medical services rendered to my child.

**TRANSPORTATION PERMISSION:** I do hereby give permission for my child to ride in any vehicle driven by an adult chaperone approved by First Baptist Church - Oneonta while participating in activities sponsored by the First Baptist Church of Oneonta, Alabama.

**PHOTOGRAPH/VIDEO PERMISSION:** I understand that as a participant of any activity sponsored by First Baptist Church – Oneonta that I or my child may be photographed, digitally imaged, or videotaped and that these photographs, digital images or videotapes may be used by First Baptist Church – Oneonta for promotional material, advertising material or placed on its website.

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

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

**Graded Choir & Mission Activities Sign Up**

**Please circle the Wednesday Evening mission activities that your child will participate in:**

**Graded Choir                      RA’s                      GA’s                      Mission Friends**

**Please indicate where the parent/guardian will be during graded choir rehearsal and mission activities:** \_\_\_\_\_

**Child’s Shirt Size: YS    YM    YL    AS    AM    AL    AXL**

Child’s Favorites

*Pizza:* \_\_\_\_\_ *Soft Drink:* \_\_\_\_\_ *Candy:* \_\_\_\_\_

*Ice Cream:* \_\_\_\_\_ *Fun Place to Go:* \_\_\_\_\_