

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

Date of Completion: _____ *Please print in ink*

Child’s Full Name: _____ Male Female

Age: _____ Birthday: _____ - _____ - _____ Current Grade: _____ School: _____

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 of 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 RAs GAs 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:* _____