



First Baptist Church
301 South Wayne Avenue
Waynesboro, Virginia 22980
Phone: 540-949-8187
www.firstbaptistwboro.org

Permission/Medical Release Form

I, _____, understand and agree that during travel with First Baptist Church of Waynesboro, Virginia, on all events for the 20__ - 20__ school year, that these are the procedures that are followed.

In the case of an emergency while the named individual is in the care of First Baptist Church, the church will notify the emergency persons listed below immediately. In the event the church is unable to reach these persons immediately, the church party responsible and/or its designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred.

Participant's Full Name: _____
Address _____ City _____
State _____ Zip Code _____ Phone: _____
Work Phone _____ Date of Birth / Age _____ / _____

In Case of Emergency Notify:

1. Name _____ Cell: _____ Work: _____
2. Name _____ Cell: _____ Work: _____
Relationship of the above to participant:
1. _____ 2. _____

Insurance Information:

Company Name _____ Policy No./Group No. _____
Policy Holder's Name _____
Name of Family Physician _____ Phone _____

Allergies (Please list any allergies to medicines, foods, or otherwise):

Restrictions (Please list any activities needing restriction):

Medical History (Please describe any health problems:

Medication:

Is participant required to taken any medicine daily? _____YES _____NO

If YES, please give details and instructions:

Photo Release:

By signing below and attending a First Baptist event, I agree that pictures or video may be taken of me or my child. By virtue of my signature, I grant First Baptist Church the right to take pictures of my student and to use them as they see fit without further permission or compensation. Permission is granted unless a signed statement is on file with the church office stating otherwise than stated here.

Transportation:

By signing below, I give permission for my student to ride with a consenting adult (church staff member or chaperone) to First Baptist events.

NOTE: If your student will be riding with a friend under the age of 18, please contact First Baptist directly to give that permission.

Signature of Participant (**IF** participant is **18** years old or older)

Date

Printed Name of Participant

Signature of Guardian (If participant is under 18 years old)

Date

Printed Name of Guardian