

Student Name _____ Age _____ Grade _____ 2016

First Baptist Church, NA

Authorization for Medical Aid & Release of Liability

This is to certify that _____ has my permission to attend functions with First Baptist Church, North Augusta, and I agree to release said church and each of the sponsors, individually and collectively, from all liability claims from personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage which may occur to above named student or his/her property while participating in **any 2016 Student Ministry Event (January-December 2016)**.

Signature of Parent/Guardian

Date

To Whom It May Concern:

You are hereby authorized to secure medical attention for my child in the event of an accident while he/she is participating in any activity or program under the auspices of First Baptist Church, North Augusta.

May we have permission to photograph your child(ren) ___ Yes ___ No

May we have permission to use your child(ren)s photograph for the purpose of promotion, on social media, and/or the church website? ___ Yes ___ No

Signature of Parent/Guardian _____

Parent/Guardian Name _____

Address _____ Phone (_____) _____

Parent Email Address _____

Hospitalization Insurance Co. _____

Policy Number _____ Group Number _____

List any medical history of which the sponsor or an attending physician should be aware (including allergies):

List any medications that cannot or should not be administered to the student:

List any medication and dosage that this student will have in his/her possession during this trip:

In the event that an emergency should arise involving my child, you may contact me at:

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____

Emergency Contact Name: _____ **Relation to Student:** _____

Emergency Contact Phone Number: (_____) _____