



PARK AVENUE — BAPTIST CHURCH —

MEDICAL/EVENT/PHOTO-VIDEO RELEASE FORM

Name of Child _____ Gender: M _____ F _____ Date of Birth ____/____/____

Legal Guardian _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Work: _____ Cell: _____

In case of an emergency and we cannot reach parent(s), my child may be entrusted to the following people.
(Please list two: other than person listed above)

1. Name _____ (relationship) _____ Phone _____

2. Name _____ (relationship) _____ Phone _____

Physician's Name _____ Phone _____

Insurance Company _____ Policy# _____ Group# _____

Person Responsible for Payment: _____ Phone _____

Address _____ City _____ State _____ Zip _____

MEDICAL INFORMATION - *Please list any pertinent medical condition, allergies, or medical history*

Does your child take medication regularly? Yes _____ No _____ If so, what medication? _____

SPECIAL EVENT RELEASE

It is the parent's responsibility to properly instruct their child in what is acceptable and not acceptable as an activity in concurrence with the P.A.B.C. Student Ministry program. Based on the event or trip your student will be going on and the activities involved, please list anything you do not want them participating in.

As a parent/legal guardian of the above named minor, I authorize representatives of PABC to administer the medication mentioned above. In the event I cannot be reached, I authorize representatives of PABC to consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment which will aid and/or healthcare practitioner in making a diagnosis and/or providing emergency treatment for my child. Further, I release PABC from any liability that might arise from the giving of such authorization, it being my desire that my child be furnished with such medical/surgical services as reasonably possibly after the need arises. I agree to be financially responsible for all the costs and fees incurred in the emergency treatment provided to my child, including to but not limited to emergency medical transportation deemed necessary by the attending staff, adult, paramedic, or health care practitioner. I understand that every reasonable effort will be made to contact me before these actions are taken.

I understand that as a participant, my child may be photographed and/or videotaped during Student Ministry activities and may be used in presentations and/or promotional materials.

Parent/Legal Guardian's Signature (if 18 or older, you may sign yourself) Date ____/____/____

Please provide the signature of one witness to verify it is a parent or legal guardian signature

Witness Signature Date ____/____/____

Witness Address: _____ Phone: _____