

Child and Youth Permission and Medical Form

First Baptist Church Eatonton, Ga

Effective Date: August 1, 2023 – July 31, 2024

Today's Date _____

CHILD/ YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School _____

Primary Address: _____

Secondary Address: _____

Email: _____

Home Phone: _____ Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child/youth _____ (Participant's name) to attend and participate in any First Baptist Church Eatonton (First Baptist) children/youth ministry activities, events, retreats and childcare during the period of August 1, 2021 – July 31, 2022.

LIABILITY RELEASE: In consideration of First Baptist allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless First Baptist, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my child/youth Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, wilful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the child/youth has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation cost and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by First Baptist. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of participant

Signature of participant

Date

Name of parent/guardian

Signature of parent/guardian

Date

MEDICAL INFORMATION

CHILD/ YOUTH INFORMATION *(Please print)*

Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN INFORMATION

Parent/ Guardian Name(s) _____

List all parent/ guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name(s) _____ Relation _____

Phone(s) _____

PRIMARY CARE PHYSICIAN

Name _____

Phone(s) _____ Fax _____

Name of practice _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company _____ Phone _____

Policy/ Group ID# _____

Policy Holder's Name (please print) _____

Required: Attach a copy of medical insurance card here.

MEDICATION

List all medications the child/youth will take during any children/youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL PRESCRIPTIONS/MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Children/Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.

Medication Name	Dose	Treatment for	Dispensing instructions
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food

OVER-THE COUNTER MEDICATION PERMISSION: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomach ache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a children/youth ministry event?

_____ No. Contact me or get medical help if my child has any minor medical concerns.

Parent Signature _____

_____ Yes. I give permission for an adult youth leader to give my child/youth approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable to child/youth or write N/A. Attach additional pages if necessary.

1. List any medical conditions participant has (asthma, diabetes, epilepsy, etc.)
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioural, or emotional) that would be important for the adult leaders to know.

PHOTO RELEASE FORM FOR CHILD/ YOUTH

I agree that First Baptist may photograph and record my child/dependent's likeness and activities (Images)¹ during church-related activities. I grant the following rights to First Baptist: permission to use and re-use, publish and re-publish, the Image(s) taken during Church activities and Services. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge First Baptist from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous etc.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/ Youth's Name (print)

Parent/Guardian Name (print)

Parent/ Guardian Signature

Date

¹Image means all photographs, film, or other recordings taken of youth/ child as part of the youth/child group at First Baptist.