

FIRST BAPTIST CHURCH

16333 Hwy 1085 • Covington, Louisiana 70433 • Phone: 985-892-2149 Fax: 985-892-3090

MEDICAL/PERMISSION AND RELEASE FORM

Name _____ Date of Birth ____/____/____ Age ____ Gender _____ Grade _____

Address _____ City _____ State _____ Zip _____

In Case of Emergency Notify: _____ Telephone _____

Family Physician _____ Telephone _____

Family Insurance Company _____ Policy # _____

Past Medical History

Immunizations: (Date) Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other Medical Conditions: Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____

Allergies: Food _____
(list type) Penicillin or Other Drug (name) _____
Insect Stings/Bites _____
Poison Sumac, Oak, or Ivy _____

Previous Operations or Serious Illnesses: _____

Any Current Medications: (List) _____

Special Diet: (Name) _____

Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____

Photo/Video Notice

I understand that as a participant of activities sponsored by First Baptist Church, my child may be photographed or videotaped. I understand that these photographs/videos may be used in promotional materials, publications, and video presentations of the church. I also understand that these photographs/videos may be posted on the Church websites and do hereby give my permission for such use.

Permission for Travel

I hereby give permission for my child to travel by private vehicle, rental van, or buses chartered by the First Baptist Church, Covington, LA for the time including and between the dates of **January 1, 2016** and **December 31, 2016**.

Permission for Treatment

In the event it becomes necessary, I hereby authorize any Minister of First Baptist Church, Covington, LA or a designated trip sponsor to act in my behalf with respect to the medical treatment of my child listed above for trips sponsored by First Baptist Church, Covington, LA for the time including and between the dates of **January 1, 2016** and **December 31, 2016**.

I, the undersigned, do hereby verify that the information given on this form is correct and do hereby release and forever discharge all staff, sponsors, and the First Baptist Church of Covington, LA from all claims, demands, actions, past, present, or future arising out of any damage or injury while participating in activities sponsored by the church.

Signature _____ Date: _____

Parish of St. Tammany State of Louisiana

Before me, the undersigned Notary Public in and for the Parish above stated, personally appeared _____ who executed the above permission and release form this _____ day of _____, 2015

_____ My commission expires at death/on _____

Notary Public Notary/LA Bar Roll Number

Printed Name of Notary