

First Baptist Church Bradenton
Medical Release and/or Photography Release Form

1306 Manatee Ave. W. Bradenton, Florida 34205 (941) 746-2149

Expires September 1, 2010

#1-Childs' Name: _____ M F Grade: _____ Date of Birth _____
#2-Childs' Name: _____ M F Grade: _____ Date of Birth _____
#3-Childs' Name: _____ M F Grade: _____ Date of Birth _____
#4-Childs' Name: _____ M F Grade: _____ Date of Birth _____

Parent/Guardian Name(s): _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
In case of emergency notify: _____ Phone #: _____
Physician's name: _____ Phone #: _____
Health Insurance Carrier: _____ Phone #: _____
Policy # _____
Child #1 Social Security Number _____ - _____ - _____ Child #2 Social Security Number _____ - _____ - _____
Child #3 Social Security Number _____ - _____ - _____ Child #4 Social Security Number _____ - _____ - _____

****Please complete reverse side for Medical History of each child****

As the parent or legal guardian of (list all children) _____, minor(s), I hereby verify that the above information is true and correct.

I do hereby grant consent for him/her to receive medical attention in the event of sickness or injury while participating in the activities of First Baptist Church Bradenton and/or while he/she is on the property where such activities are held and further release, hold harmless and forever discharge all claims, demands, actions or cause of action on behalf of my child.

I hereby grant First Baptist Church Bradenton, their legal representatives and assigns, the right and permission to publish, without charge, and use photographic pictures, broadcast videotaped or filmed footage, including audio of my child taken while participating in the activities of First Baptist Church Bradenton and/or while he/she is on the property where such activities are held. These pictures/video/audio may be also be used in any medium for purposes of editorial use, advertising, display, reproduction, or publication in any other manner. I herby warrant that I (the undersigned parent/legal guardian) am over 18 years of age and am competent to contract in my own name insofar as the above is concerned.

By: _____ Name: _____
Signature of Parent/Guardian *Print name of Parent /Guardian*

{State of _____} {County of _____}

Personally appeared before me _____ who is personally known to me, or, produced _____ as Identification, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____. **Notary Stamp:**

Notary Public Signature: _____ My commission expires: _____

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Medical History

Child #1 _____

Asthma Diabetes Dizziness Headaches Heart Trouble Kidney Trouble

Other Medical Condition(s): _____

Allergies (Specify drug, food, insect sting/bite, plants, etc.)

List all medications student is taking: _____

Child #2 _____

Asthma Diabetes Dizziness Headaches Heart Trouble Kidney Trouble

Other Medical Condition(s): _____

Allergies (Specify drug, food, insect sting/bite, plants, etc.)

List all medications student is taking: _____

Child #3 _____

Asthma Diabetes Dizziness Headaches Heart Trouble Kidney Trouble

Other Medical Condition(s): _____

Allergies (Specify drug, food, insect sting/bite, plants, etc.)

List all medications student is taking: _____

Child #4 _____

Asthma Diabetes Dizziness Headaches Heart Trouble Kidney Trouble

Other Medical Condition(s): _____

Allergies (Specify drug, food, insect sting/bite, plants, etc.)

List all medications student is taking: _____