



**MEDICAL RELEASE
LIABILITY/MEDICAL RELEASE**

*First Baptist Church Student Ministry
211 South Market
Benton, Arkansas 72015*

Event: _____

STUDENT INFO:

Name: _____ Age: _____ Gender: Male Female

School: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

MEDICAL RELEASE

I, _____ hereby give permission for _____ to attend the above listed even with First Baptist Church/Benton Student Ministry. I understand that my own insurance will cover any accidental injury or sickness involving my student and that I will be responsible for any expenses incurred. I release First Baptist Church/Benton: its agents, employees, and volunteers from any and all liability for accidents, injuries, or sickness, which occur. I also authorize the sponsors of this trip to authorize emergency medical treatment for my student.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

List any and all medical conditions/allergies (food, drug), that we need to be aware of and any medications you are currently taking, (including prescriptions).

IN CASE OF EMERGENCY, CONTACT:

Name: _____ How related: _____

Home Phone: _____ Cell Phone: _____

MEDIA RELEASE

I, _____ give my consent and permission for taking photos and/or video of my child, _____, during this event. The photos and/or video may be utilized to promote upcoming activities within the church. This may occur through posting media on the church's webpage, ministry blog, newsletters, and worship services.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____