

West Jackson Baptist Church Release Form

This Form is valid August 31, 2017 through August 31, 2018\*

\*If there are any changes in your medical insurance information or your child's medical history/needs, you will need to complete a new form.

Student's Name: (For families with multiple students, list each name): \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Parent Cell Phone # \_\_\_\_\_

Business Phone \_\_\_\_\_

**Name, Address, and phone number of friend or relative who can be reached in case of an emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Medical Information:**

Family Physician Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

List any health limitations, allergies (including pet allergies) or special medication of which the sponsors should be aware. \_\_\_\_\_

**Insurance Information:**

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I/We, the undersigned, do hereby authorize the West Jackson staff, its representatives, and sponsors to have charge of my child (or children if multiple names listed above) and to obtain such medical care, treatment, or hospitalization for my child as may be necessary during any West Jackson Baptist Church Student Ministry activity/event. I also give them permission to administer minor medical care to my child including, but not limited to caring for minor injuries and administration of over-the-counter medications such as Tylenol, Motrin, Benadryl, antacids, and others as needed. I/We hereby, release West Jackson Baptist Church, its staff, its representatives and sponsors from all responsibility and liability for any injury or illness that my child may sustain during any activity. I understand that activities could be inherently strenuous, not without risk including bodily harm and/or death.

I assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I give my consent and permission for the taking of photographs and/or video of my student during 2017/2018 Student Ministry activities/events and waive and/or assign any and all rights (including copyright) in such media to West Jackson Baptist Church for promotional use in print, during events and online.

\*\*Parents/Guardian's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ (Must be someone other than self)

My Commission expires: \_\_\_\_\_