NORTH MAIN BAPTIST CHURCH

MEDICAL RELEASE AND PERMISSION FORM

Participant Name_____

Address:_____

City: _____ **State:** _____ **Zip:**_____

Phone:_____ **Email:** _____

Date of Birth:_____/_____/_____ **Current Grade:**_____

In the event of an emergency, provide the name and phone number of a friend or relative that can be contacted. Also provide insurance information.

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

Insurance Company:_____

Claims Mailed To:_____

Policy #:_____**Group #:**_____

Physician's Name:_____ **Phone:**_____

M E D I C A L H I S T O R Y

(☑Check all that apply)

☐ **Asthma** ☐ **Sinusitis** ☐ **Bronchitis** ☐ **Kidney Trouble** ☐ **Heart Trouble** ☐ **Diabetes**

Allergies: **Food**_____

Drugs: ***(List by Name)***_____

Insect Stings/Bites:_____

Previous Operations or Serious Injuries:_____

Any Current Medications*: (List by Name)*_____

Date of last Tetanus Shot: _____

E M E R G E N C Y A U T H O R I Z A T I O N

I hereby give permission to the medical personnel selected by the staff of North Main Baptist Church, or the bearer of this document, to obtain necessary medical attention, x-rays, routine tests, and treatment in case of sickness or injury to the above named person from 8/01/20 to 8/31/21. I hereby give consent to the physician selected by the bearer of this document to hospitalize, to secure proper treatment for, and to order injections and or anesthesia and or surgery for myself as named on this form. I agree that a photocopy of this consent form may be used by any health provider as evidence of my consent. I hereby release North Main Baptist Church or any adult supervisors of any liability.

This document is good for a period to extend throughout summer of 2021. Expiration date—8/31/2021
This document is good for a period to extend throughout summer 2021.
(Please provide a copy of students insurance card)

_____ _____

Parent or Guardian of student 17 & under **Date**

_____ _____

Student 18 or over **Date**

Photo & Video Permission

I, the legal parent/guardian of _____, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name (s), by *North Main Baptist Church of Danville, VA* for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release *North Main Baptist Church* its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

_____
Signature of Parent or Guardian

NOTARY Certificate of Acknowledgment:

City / County of_____
Commonwealth of Virginia
The foregoing instrument was acknowledged before me this ____ day of _____, 20 _____
by _____

(Name of person seeking acknowledgment)

_____
Notary Public
Notary registration number:_____
My commission expires: _____

NORTH MAIN BAPTIST CHURCH
2818 North Main Street
Danville, VA 24540
Phone: 434-836-4892

☐ **I have read and understand the Broadcast student guidelines .**