



Medical Release Form/Permission to Treat/Media Consent

Annual Form Covering All Piner Baptist Church Related Functions for 2012

Name: _____ Social Security #: _____
Birth Date: ____/____/____ Age: _____ Grade: _____ Sex(M/F): _____
Cell Phone: (____) _____ email address: _____

Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ email address: _____

Secondary contact to notify in event of emergency: _____
Their relationship to you: _____ Their phone:(____) _____

General Health- Please supply ALL of the following information. **Attach a copy of your insurance card.**

Medical Insurance Co.: _____ Group# _____ Policy#: _____

Med. Company's address: _____
Company's Phone: (____) _____ City: _____ State: _____ Zip: _____

Family Physician's Name: _____ Phone:(____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to event (Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Print Name (of Parent/Guardian if under 18)

X _____
Signature (of Parent/Guardian if under 18)

Date

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in church functions. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

Print Name (of Parent/Guardian if under 18)

X _____
Signature (of Parent/Guardian if under 18)

Date

Media Consent- I give my consent and permission for the taking of photographs and/or video of me (or my child) during all events and waive and/or assign any and all rights (including copyrights) in such media to Piner Baptist Church. Piner Baptist Church, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos, including, but not limited, to the internet.

Print Name (of Parent/Guardian if under 18)

X _____
Signature (of Parent/Guardian if under 18)

Date

The following to be completed by the NOTARY witnessing a parent/guardian's signature.

The State of _____ the County of _____ Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.