

**Permission Form, Medical Release, Photo Release
Masonboro Baptist Church**

Child's Name: _____
Birthdate: _____ Grade: _____
Mother's Name: _____ Father's Name: _____
Child's Address: _____
Primary Phone Number: _____ Secondary Phone Number: _____
Medical Insurance Company _____ Policy # _____
(Please attach a photocopy of insurance card.)
Emergency Contact (other than parents): _____
Physician's Name/number: _____
Dentist's Name/number: _____
Medical Conditions: _____
Medications: _____
Allergies: _____
Date of last tetanus shot: _____

I, the parent/guardian of _____ in the city of _____, do hereby give permission for my child to participate in church activities on and off the church campus of Masonboro Baptist Church in Wilmington, North Carolina including, but not limited to regularly scheduled activities, special events, out of town trips, and transportation to and from such events by church employees and/or volunteers.

I also authorize any employee, volunteer, or other representative of Masonboro Baptist Church as my agents, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by a licensed physician, surgeon, or dentist and is under the supervision of a licensed physician, surgeon, or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all diagnosis and treatment which the physician deems advisable. I also authorize the aforementioned agents to receive the physical custody of my child upon completion of treatment.

The undersigned parent/guardian hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to my child as a result of my child's participation in church activities.

This release and waiver shall remain in effect from September 1, 2011 until September 1, 2012.

Signature of Parent/Legal Guardian: _____

Date: _____

Notary Signature: _____ **Date:** _____ **My Commission Expires:** _____

I hereby give permission for images of myself and/or my child to be used solely for the purposes of Masonboro Baptist Church promotional materials and publications including the church website, social networking site(s), email communications, and printed materials and waive any rights of compensation or ownership thereto.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Comments or instructions regarding use of photos/videos of myself and/or my child:

