

Form Expiration Date _____

Release Form for Fellowship Baptist Church

Name _____ SSN _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone _____

RELEASE FROM LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT

In the event that (NAME) _____ becomes ill and/or sustains an injury while attending any Children's/Youth/Musical function or trip sponsored by Fellowship Baptist Church of Tallahassee, Florida, I, the undersigned parent/guardian, give my permission to those in charge to take whatever steps deemed necessary to stop any bleeding, to administer first-aid, and to secure any medical/emergency treatment.

I also consent to any x-rays, examination, anesthetic, medical and/or dental, or surgical diagnosis and treatment, hospital care and the administration of medications to be rendered in an emergency situation, under the general and/or specialized supervision of a duly licensed physician and/or surgeon.

I understand furthermore that this consent will apply to any and all emergency situations for any and all Children's/ Youth/ Music ministries functions/trips in which my son/daughter may participate.

I furthermore understand and agree that a copy of this form will be as valid as an original.

I understand and agree that this signed copy releases the sponsors, chaperones, Fellowship Baptist Church and its ministers, staff, and employees of any and all liability (including negligent acts) in the event that the above named person should be injured.

I give my permission to the above-mentioned chaperones and/or sponsors to secure first-aid and/or medical treatment and I, furthermore, authorize the physician to proceed with any emergency medical treatments deemed necessary.

I furthermore agree to be personally responsible for any financial obligations incurred by the above-mentioned treatments not covered by my major medical insurance.

I understand and agree that this form will be considered valid for a period of one year from the date of the signature.

SIGNATURE OF CONSENT _____ **DATE** _____

(This form must be signed by a parent or guardian in the presence of a notary.)

State of Florida (To be completed by a notary)

County of Leon

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____, who is personally known to me or has produced

_____ as identification and who did take an oath.

Notary Public Signature _____

Notary Public (Print Name) _____ Serial Number _____

Father's Name: _____

Employer: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Mother's Name: _____

Employer: _____

Work Phone: _____ Home Phone: _____ Cell: _____

1. Emergency Contacts (In the event that an immediate family member cannot be reached.)

Phone: _____

Phone: _____

2. Family Physician: _____
Phone: _____

3. Hospitalization/Major Medical Insurance:
Type of Coverage: _____ Major Medical _____ Hospitalization _____ Dental _____ Other
Company _____
Group# _____ Policy # _____

4. Family Dentist: _____
Phone: _____

5. Known Allergies: Food _____
Other: _____

6. Medications currently taking: Prescription – List Dosage _____

Non-Prescription: _____

7. Previous Medical History (List surgeries, broken bones, and any pertinent data.)

8. Known reactions to medications/anesthesia: _____

9. Present medical condition: _____

NON-COMMERCIAL AUDIO/VIDEO RECORDING RELEASE FORM

I grant Fellowship Baptist Church permission to record the image/voice of _____ and use the recording for non-commercial purposes. This recording may be in the form of a photograph, film audio or video tape, digital or other electronic format and may be used on the Fellowship Baptist Church's Internet web site. Published documents shall NOT include a child's full name, home address, phone number, or the full names of other family members. Photo captions shall not identify students by full name.

- ____ Use of my child's name in Fellowship Baptist Church Internet publications
- ____ Use of my child's picture in Fellowship Baptist Church Internet publications

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____