

Child Release 2021

Event / Function: Any Event that would be in conjunction with First Baptist Church Plant City

Date Release is Current: August 1, 2021 through September 1, 2022

Child's Name (Last, First, Middle Initial): _____

Birth Date: _____ Age: _____ Grade: _____ Sex: _____ Home Phone: _____

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

Parent/Guardian Name: _____ Cell: _____

In the Event a Parent/Guardian Cannot Be Reached, Notify:

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Insurance

***** Please Attach a Copy of the Insurance Card to this Form *****

Insurance Co. (Name/Address): _____

Policy #: _____ Group #: _____ Insured's Name: _____

Family Physician: _____ Phone: _____ City/St. _____

Medical Information

Past conditions

- | | | | |
|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Ears | <input type="checkbox"/> Nosebleed | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Other: _____ | | | |

Allergies

Food: _____

Penicillin or other Drugs (name): _____

Insect Stings/Bites: _____

Other: _____

- Please Read and Sign the Back -

Misc.

Is the child able to participate in all recreational activities? _____

Currently taking any prescription medication? Yes No | If yes, Medication Permission Form required before each overnight event.

Permission to Administer: **Aspirin** Yes No | **Tylenol** Yes No | **Ibuprofen** Yes No

Is there any other medical information of which we should be aware? Yes No

If yes, please describe: _____

Releases

Activity Release

I, the parent/guardian of _____, consent for my child to participate in activities with First Baptist Church of Plant City. I understand the church and its representatives will do all they can to protect my child from injury, illness, accident, or any other untoward incident. In event of such an occurrence I will not hold the church responsible and will be responsible for any expenses incurred.

Medical Release

I also grant the adult representatives of First Baptist Church of Plant City the authority to obtain necessary medical attention for my child. I, the undersigned, do hereby verify that the above information is correct and may be used for the proper treatment of my child. In event of necessary medical treatment I will not hold the church responsible and will be responsible for any expenses incurred. I also understand participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

Photo and Video Release

I also understand that my child may be photographed and/or videotaped during activities with First Baptist Church of Plant City and these photos/videos may be used in public spaces within the church and/or publicity pieces both internal and external to the church.

***** REMINDER, Please Sign IN THE PRESENCE OF A NOTARY!! *****

Signed: _____ Date: _____

STATE OF FLORIDA
 COUNTY OF _____

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

____ Physical Presence OR ____ Online Notarization
 ____ Personally Known OR ____ Produced Identification
 Type of Identification Produced _____

NOTARY SEAL

Notary Signature _____
 Notary Name (Printed) _____

