

**FIRST BAPTIST CHURCH WINTER CAMP
MEDICAL RELEASE FORM 2018**

Participant's Name: _____

Sex: _____ Date of birth: _____ Grade in School: _____

Today's date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Legal Guardian: _____ P

Home #: _____ Work #: _____ Cell #: _____

Insurance Company: _____

Policyholder's Name: _____

Group / Policy Number: _____

Family Physician: _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

MEDICAL INFORMATION:

Does your son/daughter have any allergies? Yes No

If yes, please list: _____

Is he/she presently taking any medications? Yes No

If yes, please list: _____

Is there any other physical or emotional condition of which we need to be aware?
Please explain. _____

In the event of an emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

Parent (or Legal Guardian) Signature

Date

**PLEASE NOTIFY DAN KITINOJA AT 573-663-7430
IF THE INFORMATION ON THIS FORM CHANGES.**

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER WINTER CAMP 2018

Church: FIRT BAPTIST CHURCH OF ELLINGTON

Participant's Name: _____

Sex: _____ Date of Birth: _____

Parent's (or Legal Guardian's) Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

I, _____, grant permission for my child, _____, to participate in church related activities including the Winter Camp at Logan Valley Christian Retreat 12/30/2018—1/1/2019. I understand that these events will take place under the guidance and direction of church employees, camp employees, and/or volunteers.

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless First Baptist Church of Ellington, and Logan Valley Christian Retreat as well as its pastors, volunteers, and other employees, chaperons, or representatives associated with these events, arising from or in connection with my child attending the event, including but not limited to accidents, emergencies, or exposure to reckless conduct of persons.

Parent (or Legal Guardian) Signature:

_____ **Date** _____

PHOTO RELEASE: Occasionally, photos of events may appear on the church website and/or in printed materials such as the parish newsletter. No identifying information will accompany the images.

I grant permission to First Baptist Church of Ellington to photograph my child and use his/her picture, silhouette, or other reproductions of physical likeness in connection with publications (i.e. newsletters, website, brochures), video recordings or news releases of First Baptist Church.

Yes

No

Parent (or Legal Guardian) Signature:

Date
