

FIRST BAPTIST CHURCH OF ELLINGTON MEDICAL RELEASE FORM FOR CHURCH  
RELATED ACTIVITIES FOR THE 2019 CALENDAR YEAR

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

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 with First Baptist Church of Ellington for the Calendar Year 2019. I understand that these events will take place under the guidance and direction of church employees, camp employees, and/or other 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 as well as its pastors, volunteers, and other employees, chaperones, or representatives associated with these events, including those pastors, employees, chaperones, or representatives from other additional participating churches or ministry organizations, 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** \_\_\_\_\_