

CONSENT/RELEASE/MEDICAL FORM

Seminole Baptist Church • 3330 Mission Road, Tallahassee, FL • (850) 562-8069

CONTACT INFORMATION

CHILD INFORMATION

First Name: _____ Last Name: _____ DOB: ___ / ___ / _____ Age: _____

Street: _____ City: _____ State: ___ Zip: _____

Email: _____

PARENT/GUARDIAN 1: (Emergency Contact? Yes ___ No ___)

First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: (___) ___ - _____ Work Phone: (___) ___ - _____ Home Phone: (___) ___ - _____

PARENT/GUARDIAN 2: (Emergency Contact? Yes ___ No ___)

First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: (___) ___ - _____ Work Phone: (___) ___ - _____ Home Phone: (___) ___ - _____

OTHER: (Emergency Contact? Yes ___ No ___)

First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: (___) ___ - _____ Work Phone: (___) ___ - _____ Home Phone: (___) ___ - _____

CONSENT AND RELEASE FROM LIABILITY

My child, _____ has my permission to participate in all activities of Seminole Baptist Church and to be transported by private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Seminole Baptist Church, the sponsors, and the owner or driver of the car furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. I also release any photos/videos taken of my child during the event to be used in any publication of Seminole Baptist Church. This consent and release is in effect until I give Seminole Baptist Church written notice to the contrary.

Parent/Guardian Signature: _____ Date: ___ / ___ / 20___

MEDICAL CARE PERMISSION/INFORMATION

I hereby authorize emergency medical care or first-aid treatment to be administered to my child, _____, in the event of illness or injury during any sponsored activity of Seminole Baptist Church. This permission is in effect until I give Seminole Baptist Church written notice to the contrary.

Parent/Guardian Signature: _____ Date: ____ / ____ / 20____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance Company's Emergency Number: (____) ____ - _____

Allergies: _____

Has your child had any serious illness within the last 3 years? Yes ___ No ___ If yes, explain: _____

Is your child presently under a doctor's care for any illness or injury? Yes ___ No ___ If yes, explain: _____

Is your child required to take any medication? Yes ___ No ___ If yes, for what reason and how often? _____

