

SBC Student Child Permission Medical Photo Release Form 2023-2024

Student's Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Relationship with Student: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____

Relationship with Student: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Insurance Provider: _____

Policy #: _____

Are there any special health conditions of which Sharon Baptist Church should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)? (Please check one) No Yes

If the answer to the preceding question was "Yes," please explain:

Does your child know how to swim? (Please check one) No Yes If yes: Beginner Intermediate Advanced

PERMISSION AND RELEASE

As the parent (or guardian) of the above-named attendee, I grant permission for my son or daughter to attend Sharon Baptist Church's 2023-2024 activities and events and authorize Sharon Baptist Church and its chaperons, to transport and supervise my child in connection with his or her attendance at the various activities throughout 2023-2024.

I do further hereby give, release, absolve, indemnify, and agree to hold harmless, Sharon Baptist Church, its trustees, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent such harm is the result of the intentional misconduct of Sharon Baptist Church or such other party seeking to enforce this release.

Signature: _____ Date: _____

Name (please print): _____

STUDENT CHILD FORM (up to Age 21)

Please print legibly.

MEDICAL CARE AUTHORIZATION

As the parent (or guardian) of the above-named attendee of Sharon Baptist Church's student activities, I hereby authorize Sharon Baptist Church and its chaperones to seek and have emergency medical first aid administered to the above-named attendee during 2023-2024.

Signature: _____ Date: _____

Name (*please print*): _____

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Sharon Baptist Church's student ministry, to be used with SBC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature: _____ Date: _____

Name(*please print*): _____

Relationship to Student: _____