

MEDICAL CONSENT/MEDIA RELEASE FORM FOR ALL EVENTS

First Baptist Church
411 Market Street Wilmington, NC 28401
901-763-2471 www.fbcwilmington.org

Permission Clause: In the event that our child _____ becomes ill or sustains an injury while on an authorized and chaperoned outing with First Baptist Church of Wilmington, I give my permission to the staff or representatives of FBC to administer first aid and/or take my child to the nearest medical facility for additional treatment. I will not hold First Baptist Church of Wilmington or any chaperone personally or financially responsible for any accident or illness that may occur.

Media Release Agreement: I further understand that photographs or video recordings may be created during preschool and children's events, and I give permission for First Baptist Church of Wilmington to use any or all recordings of my child in publications, videos, website design or other media expressions. I waive all rights to control any aspect of these photographs and recordings.

Medical Insurance Agreement: I hereby confirm that the participant is covered and will remain covered under a policy of medical insurance with _____ company. My policy and group numbers are _____. If my coverage changes to another company, I will promptly notify FBC Children's Ministry Office at 910-763-2471. I further agree that my insurance company will be the primary source of coverage in case of injury or accident held at or sponsored by FBC involving my child, and I am responsible for any deductible expenses in connection with that coverage.

Parent or Legal Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Work Phones _____

Emergency Contact Name and Phone _____

Is participant in good general health? _____

Is participant allergic to any medications? ____ If so what? _____

Does participant react dangerously to bee stings, poison ivy, certain foods, etc?

Does participant have any special needs of which we should be aware?

Please submit all medications and special instructions to Becca prior to each trip/event/activity.

It may become necessary to send the participant home for disciplinary reasons. By your signatures below you are agreeing to assume responsibility for any cost incurred. We will call you immediately if it becomes evident that this action needs to be taken. Also, by your signature below, you are agreeing to assume all responsibility for doctor bills, telephone calls or other expenses related to an emergency. This form must be signed and returned to the Preschool and Children's Ministry Office.

Signature of Parent or Legal Guardian _____ Date _____
