



Fellowship. Freedom. Faith.

# FIRST BAPTIST CHURCH OF ASHEVILLE, NC 2020-2021 PERMISSION/MEDICAL RELEASE FORM

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ T-Shirt Size: \_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ **\* If possible attach a valid copy of your insurance card.**

All known allergies (non-dietary) and their severity: \_\_\_\_\_

Food allergies and/or dietary restrictions: \_\_\_\_\_

Medications, including OTC and their dosing schedule (including PRN): \_\_\_\_\_

Medical history/conditions: \_\_\_\_\_

Swimming Proficiency: \_\_\_\_\_ Does not swim \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

I, \_\_\_\_\_, give permission for my child to attend all church related activities with First Baptist Church of Asheville, North Carolina and to ride in the vehicles used by the church for this trip.

I, \_\_\_\_\_, understand and agree that during travel and activities with First Baptist Church of Asheville, NC, on all events for the 2020-2021 term, that these are the procedures that are followed:

**In case of an emergency while the above named individual is in the care of First Baptist Church, the church will notify the parent/guardian contacts immediately. If the parent/guardians cannot be reached, the emergency contacts will be notified. In the event that the church is unable to reach these persons immediately, the church part responsible or its' designated staff is authorized to seek and obtain medical attention, treatment, and services as deemed necessary. I agree to assume responsibility of all medical costs incurred In the event of accident or injury, and I do not hold the church, any employee, and/or counselor responsible.**

I, \_\_\_\_\_, understand that by signing below and attending an event at First Baptist Church, I agree that pictures and/or video will be taken of the above named individual. By virtue of my signature, I grant First Baptist Church permission to use pictures and/or video of the above named individual as they see fit without further permission or compensation. Permission is granted unless a signed statement is on file with the church office stating otherwise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date