

**FIRST BAPTIST CHURCH OF DULUTH PRESCHOOL/CHILDREN/YOUTH MINISTRY  
RELEASE FORM FOR THE 2010/2011 SCHOOL YEAR**

**Please Print Clearly:**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade for 10/11 Year \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Name & Number (other than parents) \_\_\_\_\_

Does child have any known allergies or is he/she unable to take any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does child presently take any medications regularly? If so, what? \_\_\_\_\_

\_\_\_\_\_ I authorize said chaperones to administer over the counter medication if necessary to my child, except for \_\_\_\_\_

\_\_\_\_\_ I do not want my child to take any over the counter medication.

**\*\*\*\*\*WE MUST HAVE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD\*\*\*\*\*  
YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN ACTIVIES WITHOUT PROOF OF INSURANCE**

**Medical Release:**

I give the adult sponsors of First Baptist Church of Duluth the authority to provide or sign for medical treatment for above said child.

**Release of Liability:**

That I, the undersigned, being the parent or legal guardian of above said child who is a member of the group traveling with First Baptist Church of Duluth, do hereby constitute and appoint any adult chaperone traveling with the said group as my true and lawful attorney-in-fact for the limited purpose of consenting to any reasonable necessary medical attention which might be needed by my child as a result of injuries or sickness occurring while said child is engaged in any activity connected with the First Baptist Church of Duluth.

Also, I do not hold First Baptist Church of Duluth, its Ministers, or volunteer assistants, any resident organization and/or camp facility, its staff, employees, or board liable for any injuries, accidents, or illnesses incurred during scheduled retreat/camp dates and times for which my child will be on their property.

I further authorize my said attorney-in-fact to execute any and all documents, consent forms, or any other instruments which might be necessary to authorize a physician or hospital to perform any such reasonably necessary medical services to my child and do hereby ratify and confirm the act of my said attorney-in-fact in doing so. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage.

**Photo, Audio/Video Release:**

I authorize First Baptist Church of Duluth to record and photograph my image and or voice or that of my child for use by First Baptist Church of Duluth or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images my be edited, duplicated, distributed, reproduced, broadcasted, published or reformatted in any form and manner without payment of fees, in perpetuity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

.....  
This section to be completed by Notary

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that the person(s) who are signed above to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, he or she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires \_\_\_\_\_, \_\_\_\_\_