

**Briarlake Baptist Church Student Ministry**  
**Medical Release & Photo/Video Permission Form for 2017**

*Every Briarlake Baptist Church-Student Ministry participant MUST complete and sign this form once annually and is valid from January 1, 2017–December 31, 2017*

**Personal//**

Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

Emergency Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Is there an additional Emergency Contact other than parent/guardian? \_\_\_\_\_

If yes, list name here \_\_\_\_\_

Phone(s) \_\_\_\_\_

**Insurance//**

Medical Insurance company: \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Health History & Information- check all that apply and give details if necessary**

\_\_\_\_\_ Asthma (Does student need inhaler? \_\_\_\_\_ Yes \_\_\_\_\_ No)

\_\_\_\_\_ Allergies (Please list known allergies and reactions in space below)

\_\_\_\_\_ Food Allergies (Please list known food allergies and reactions in space below. List any special dietary needs.)

\_\_\_\_\_ Diabetes (Does student manage own insulin? \_\_\_\_\_yes \_\_\_\_\_no)

\_\_\_\_\_ Problems with depression or mental illness

\_\_\_\_\_ Requires Medications (Please list medications and dosage below)

\_\_\_\_\_  
\*\*DOES STUDENT NEED ASSISTANCE WITH MEDICATION? \_\_\_\_\_ Yes \_\_\_\_\_ No

(over)

**Medical Waiver and Release// To be filled out by the parent or legal guardian of participants under 18 years of age.**

For all events of Briarlake Baptist Church, I give permission for my child, \_\_\_\_\_, to receive any necessary medical treatment in my absence. I understand that in the event that my youth requires medical attention, a representative of Briarlake Baptist Church will contact me. However, in the event that I cannot be reached, I give authority for medical treatment and decision-making to the Briarlake Baptist Church representative in possession of this document. Above, I have noted any special medical problems, allergies, or other concerns about my child's health.

I, the parent and/or legal guardian of \_\_\_\_\_, do covenant to release Briarlake Baptist Church (or its representative) from any and all legal action, damages, or liabilities incurred by my child during an activity, event, or trip sponsored by the church.

**Photo/Video Waiver//**

I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in social media or in publicity materials produced by Briarlake Church.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

**\*\*Signed** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**MOTHER / FATHER / LEGAL GUARDIAN**

**NOTARY PUBLIC**

State of Georgia, County of \_\_\_\_\_

This instrument was signed before me on \_\_\_\_\_(date)

by \_\_\_\_\_

*Print name of signer(s)*

\_\_\_\_\_  
*Notary Signature* (Affix seal/stamp as close to signature as possible)