MEDICAL RELEASE AND PERMISSION FORM

Participant Name_____

Address:_____

City: _____ **State:** _____ **Zip:**_____
Phone:_____ **Email:** _____

Date of Birth:_____/_____/_____ **Current Grade:**_____

In the event of an emergency, provide the name and phone number of a friend or relative that can be contacted. Also provide insurance information.

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

Insurance Company:_____

Claims Mailed To:_____

Policy #:_____**Group #:**_____

Physician's Name:_____ **Phone:**_____

MEDICAL HISTORY

(☑Check all that apply)

☐ **Asthma** ☐ **Sinusitis** ☐ **Bronchitis** ☐ **Kidney Trouble** ☐ **Heart Trouble** ☐ **Diabetes**

Allergies: **Food**_____

Drugs: ***(List by Name)***_____

Insect Stings/Bites:_____

Previous Operations or Serious Injuries:_____

Any Current Medications*: (List by Name)*_____

Date of last Tetanus Shot: _____

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the staff of North Main Baptist Church, or the bearer of this document, to obtain necessary medical attention, x-rays, routine tests, and treatment in case of sickness or injury to the above named person from 8/01/26 to 8/30/27. I hereby give consent to the physician selected by the bearer of this document to hospitalize, to secure proper treatment for, and to order injections and/or anesthesia and/or surgery for myself as named on this form. I agree that a photocopy of this consent form may be used by any health provider as evidence of my consent. I hereby release North Main Baptist Church or any adult supervisors of any liability.

This document is good for a period to extend throughout summer of 2027.
Expiration date—8/30/2027
(Please provide a copy of students insurance card)

_____ _____
Parent or Guardian of student 17 & under Date

_____ _____
Student 18 or over Date

Photo & Video Permission

I, the legal parent/guardian of _____, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name (s), by *North Main Baptist Church of Danville, VA* for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release *North Main Baptist Church* its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

_____
Signature of Parent or Guardian

<u>NOTARY Certificate of Acknowledgment:</u>

City / County of_____
Commonwealth of Virginia
The foregoing instrument was acknowledged before me this ____ day of _____, 20 _____
by _____

(Name of person seeking acknowledgment)

_____
Notary Public
Notary registration number: _____
My commission expires: _____

NORTH MAIN BAPTIST CHURCH
2818 North Main Street
Danville, VA 24540
Phone: 434-836-4892

☐ **I have read and understand the Broadcast student guidelines.**