



NORTH MAIN BAPTIST CHURCH

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 8/01/25 to 8/30/26. 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 2026. Expiration date—8/30/2026
(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

NOTARY Certificate of Acknowledgment:

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

