

Memorial Baptist Church Children's Ministry

CHILDREN'S RELEASE FORM

Activity, Medical and Photo/Video Release Form for Children

A new form must be submitted for each MBC preschool or children's ministry-sponsored event in which minors participating are not accompanied by a parent/guardian. This includes events both on and away from the MBC campus/facilities.

Event

Mission Ignition for 1st-6th graders | Saturday, March 6, 2010

Child's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency Notify: _____ Phone: _____ Alt. Ph. #: _____

Relationship to Child: _____

Insurance Company: _____ Policy#: _____

Authorized Pickup #1: _____ Phone: _____ Alt. Ph. #: _____

Authorized Pickup #2: _____ Phone: _____ Alt. Ph. #: _____

Authorized Pickup #3: _____ Phone: _____ Alt. Ph. #: _____

Medical History

Past Conditions

Asthma Sinusitis Bronchitis Kidney Trouble Diabetes

Heart Trouble Dizziness Stomach Upset Hay Fever

Other: _____

Medications

Current medications child is taking: _____

Allergies (please also list allergic reactions to of child)

Food: _____

Drugs (name): _____

Inset Stings/Bites: _____

Poison Ivy/Oak/Sumac/etc.: _____

Immunizations

Polio Booster Measles/Mumps Tetanus – Date: _____

Miscellaneous

Is there any other medical information of which we should be aware? Yes No

If yes, please describe: _____

Releases

Activity Release

I, the parent/guardian of _____, consent for my child to participate in Mission Ignition on Saturday, March 6, 2010. I understand the church and its representatives will do all they can to protect my child from injury, illness, accident, or any other untoward incident. In event of such occurrence I will not hold the church responsible and will be responsible for any expenses incurred.

Medical Release

I also grant the adult representatives of Memorial Baptist Church the authority to obtain necessary medical attention for my child. I, the undersigned, do hereby verify that the above information is correct and may be used for the proper treatment of my child. In event of necessary medical treatment I will not hold the church responsible and will be responsible for any expenses incurred.

Photo and Video Release

I also understand that my child may be photographed and/or videotaped during activities with Memorial Baptist Church and these photos/videos may be used in public spaces within the church and/or publicity pieces both internal and external to the church. I understand the church and its representatives will do all they can to protect the safety and security of my child in regard to the use of photographs, video and audio in informational, publicity, and promotional mediums.

Signature of parent or legal guardian: _____ Date: _____

Note to Parents:

>> Please call the church office at 744-0079 to sign-up to attend this event no later than 5 pm Monday, February 22nd.

>> Cost is \$10 per student. Financial assistance available; please contact Pastor Donny. Checks may be made payable to MBC or Memorial Baptist Church. Please pay in advance if possible.

>> Meet at MBC main entrance on 28th St. at 8 am & return approx. 3:15 pm on Sat., March 6th.