



# Medical & Media Release Form 2024-2025

\* = Required Information  
(Room for additional children below)

Child's Name\*: \_\_\_\_\_

Dad/Guardian Name\*: \_\_\_\_\_

Mom/Guardian Name\*: \_\_\_\_\_

Child's Date of Birth\*: \_\_\_\_\_ Age\*: \_\_\_\_\_ Grade\*: \_\_\_\_\_ Gender\*: M F

Email Address\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Allergies or other Special Needs?\*: \_\_\_\_\_

## 2<sup>nd</sup> Child

Child's Name\*: \_\_\_\_\_

Child's Date of Birth\*: \_\_\_\_\_ Age\*: \_\_\_\_\_ Grade\*: \_\_\_\_\_ Gender\*: M F

Allergies or other Special Needs?\*: \_\_\_\_\_

## 3<sup>rd</sup> Child

Child's Name\*: \_\_\_\_\_

Child's Date of Birth\*: \_\_\_\_\_ Age\*: \_\_\_\_\_ Grade\*: \_\_\_\_\_ Gender\*: M F

Allergies or other Special Needs?\*: \_\_\_\_\_

### OTHER EMERGENCY CONTACT:

In the case of an emergency and if the parents or guardians listed above cannot be reached in a reasonable period of time, the individuals listed below may be contacted, given notification of the emergency, and be authorized to provide instructions for actions to be taken.

Contact's Name\*: \_\_\_\_\_

Home Phone\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

Relationship to Child\*:  Relative  Friend

**RELEASE OF LIABILITY:**

I acknowledge and understand there are inherent risks associated with many Calvary Missionary Baptist Church activities. I will assume the risks associated therewith, whether known or unknown to me at this time. I recognize that my child's attendance at a Calvary Missionary Baptist Church sponsored event is a privilege and as a consideration for this privilege, I release Calvary Missionary Baptist Church, including its employees, agents, and trustees, from responsibility for my child's accidental physical injury, including death or illness while at a sponsored trip or activity or during travel to and from events. This release is intended to include all claims made by my family, estate, heirs, personal representatives, or assigns.

**Parent Initials**

**MEDIA CONSENT:**

I hereby grant permission to Calvary Missionary Baptist Church the right to take, use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Calvary Missionary Baptist Church.

**Parent Initials**

**PARENT COVENANT:**

I grant authority to the Calvary Missionary Baptist Church leadership for the non-physical discipline of the above named children, including removing the children from programs, activities, and trips, if necessary. In the event a serious behavioral incident does occur with a child named above on any trip or activity, the leadership team will assess the situation, make a decision, call the parent and give options to what action will then take place including removing the child at the parent's expense. Examples may include, but are not limited to, fighting, vandalism, violent behavior, and disobedient behavior.

**Parent Initials**

**FIRST AID AND EMERGENCY MEDICAL TREATMENT:**

I recognize that there may be occasions where the child(ren) named above may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby permit agents of Calvary Missionary Baptist Church to seek and secure any needed medical attention or treatment for the child(ren) named above, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this medical treatment. I also give permission for attending physician(s) and other medical personnel to administer any needed medical treatment and again, I agree to pay for the medical treatment.

**Parent Initials**

**AUTHORIZATION TO PARTICIPATE:**

I represent that I am the parent/ guardian of the above named child(ren). I have read the above form and am fully aware of the contents thereof. I permit the above named child(ren) to participate in the activities of Calvary Missionary Baptist Church, including any special events. I consent on behalf of the above named child(ren) to the Emergency Treatment Authorization and other agreements as indicated above. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

**Is the participant covered by personal/family medical insurance?  Yes  No**

**If yes, insurer name:** \_\_\_\_\_

**Policy/group number:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list any other information that Calvary Missionary Baptist Church should know about the children named above:**

\_\_\_\_\_