

2026

Medical / Photo and Video Permission and Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_
Phone \_\_\_\_\_ City \_\_\_\_\_
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Emergency Notification Name \_\_\_\_\_ Phone \_\_\_\_\_
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_
Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

IMPORTANT: Please attach a copy (front and back) of insurance card, along with the name, address, and phone number of person holding insurance if different from participant.

Past Medical History

Please note any allergies:

Food \_\_\_\_\_
Penicillin or other drugs \_\_\_\_\_
Insect bites/stings \_\_\_\_\_
Poison sumac, oak, ivy \_\_\_\_\_
Other \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Permission for Treatment and Photo/Video Notice

My permission is granted for the church minister, church official or any chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photo/videos maybe used in promotional material.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Church, Jacksonville from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while employed or participating in First Baptist Church, Jacksonville activities.

I have read, understood and agree to the trip guidelines for First Baptist Church, Jacksonville Student Ministry.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
State of Alabama, County of Calhoun.

\_\_\_\_\_  
Signature

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(SEAL)

My commission expires: \_\_\_\_\_