

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Business Phone \_\_\_\_\_ Other \_\_\_\_\_  
Parent (Legal Guardian) \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_  
In Case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_  
Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### Health History & Information

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are other immunizations current? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Asthma (Does the student need to keep the inhaler to use as needed? \_\_\_\_ Yes \_\_\_\_ No)  
\_\_\_\_ Allergies - list: \_\_\_\_\_  
\_\_\_\_ Insect Stings/Bites \_\_\_\_ Diabetes \_\_\_\_ Kidney Trouble \_\_\_\_ Heart Trouble \_\_\_\_ Other  
\_\_\_\_ Medications - list: \_\_\_\_\_  
\_\_\_\_ Restricted Diet - explain: \_\_\_\_\_

### Permission for Treatment, Photo/Video Notice & Release

I am aware that \_\_\_\_\_'s participation in all youth related activities through August 31, 2010 could involve the risk of injury to my child to participate in church sponsored activities, I hereby agree to let my child participate and to hold Antioch Baptist Church harmless from any and all liability actions, courses of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instructions of the supervising adults. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church website. I am signing this of my own free will.

Youth Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary - Name \_\_\_\_\_ Date of Licence Exp. \_\_\_\_\_

2009 / 2010 Antioch Baptist Church Student Ministry  
Medical Release and Photo/ Video Permission Form