

First Baptist Church, Milledgeville, GA

Medical And Photo Consent Form

(Valid until 1/1/07)

• Personal Information

Participant Name _____ Date of Birth _____
(Last) (First) (MM / DD / YY)

Address _____ Phone (h) _____
(Street)

(City) (State) (Zip)

Guardian(s) Name _____ Relationship _____

Address _____ Phone (h) _____
(Street)

(City) (State) (Zip) Phone (w) _____

Emergency Contact _____ Relationship _____ Phone _____

• Medical Information

Family Physician _____ Phone _____

Known Allergies (food, medications, etc.) _____

Past serious illnesses or hospitalization, with dates _____

Date of last Tetanus immunization _____

Medication being taken by participant _____

*All medications must be in their original packaging with the child's name, the dosage and when to administer the medication being clearly visible. Upon arrival to an FBC event, all medications must be given to a staff member or volunteer chaperone. If medication must be refrigerated, please advise staff or chaperones upon arrival.

Any physical condition, illness, or special dietary needs that could affect participant's participation in programs and/or proper medical treatment (diabetes, epilepsy, asthma, etc.) _____

Health Insurance Company _____ Policy number _____

Please attach a photocopy of your insurance card or form to this document.

• Medical Treatment/ Photo Consent

I hereby give the Staff Members and Volunteers of First Baptist Church, Milledgeville events permission to provide first aid care for the participant, _____ . In the event that I cannot be reached, I hereby authorize **FBC Milledgeville Staff and Volunteers** to transport the participant to the emergency room of the nearest hospital and I hereby grant my consent for the hospital and its medical staff to provide the participant with emergency medical care (including anesthesia) as deemed necessary by a physician. I also will not hold **FBC Milledgeville nor any of its Staff and Volunteers** responsible for any injuries incurred or any medical expenses resulting from them. I agree to accept financial responsibility for any and all medical expenses incurred. I also hereby give my consent for the above to receive over the counter medication from staff and/or chaperones. Photos and likenesses of the above may be utilized through media outlets for the purpose of promoting church activities and may be kept in **FBC Milledgeville** archives. Compensation will not be given in any form. I hereby give my consent for the above to be included in any and all such church activities.

Guardian's Name (printed)

Guardian's Signature

Date

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

State of _____, County of _____.

The forgoing Consent was acknowledged before me this _____ day of _____, 20 ____.

Notary Public _____

(Notary Seal)

My Commission Expires: _____