

Harrodsburg Baptist Church

312 S Main Street
Harrodsburg, KY 40330

2019 Consent and Medical Release Form

PUBLICITY RELEASE

In consideration for the Child Participant being allowed to participate in Harrodsburg Baptist Church Student and Children’s activities, I/we, for ourselves and our child, hereby authorize the Harrodsburg Baptist Church to record the Child Participant’s picture and voice on photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release and discharge the Harrodsburg Baptist Church, and their directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperons for their activities, from any and all claims and liability for damages, losses, or expenses of any sort relating to the recording.

Consent Agreement

(Child’s Name) _____ has my permission to attend all children activities sponsored by Harrodsburg Baptist Church for 2019.

Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Church Staff, Adult Leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff of any liability against personal loss.

I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent’s Signature _____ Date _____

Please provide copy of Insurance Card and Drug Card (If applicable)

Participant Info: Last		First	MI
Date of Birth	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
SS#		City	State
Address		Telephone Numbers	
		Home ()	
		Work ()	
Emergency Contact			Telephone Numbers
Name			()
Name			()
Insurance Info: Company Name			Policy #
Family Doctor		Doctor Phone # ()	
Family Doctor's Address:			
Special Medical Problems, Conditions, or Restrictions:			
Any Medicines?			
Any Allergies?			
Any past medical issues?			
Are you able to participate in athletic events? If no, explain.			
Date of last tetanus:			

Indicate if you have or have had the following (Include year where applicable.)		
<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chorea	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> HIV Positive
<input type="checkbox"/> Infectious Jaundice/Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Measles	<input type="checkbox"/> Polio Myelitis	<input type="checkbox"/> Mumps
	<input type="checkbox"/> Rubella (German)	<input type="checkbox"/> Tuberculosis or TB Contact

The health and immunization history is correct as far as I know. I hereby give permission to Harrodsburg Baptist Church or an approved representative to seek medical attention for my son/daughter in the event I cannot be reached. I hereby give permission to the physician selected by the project director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery. This form may be photocopied for use in other projects.

Signature Participant _____ Date: _____

Sworn and subscribed before me on this _____ Day of _____, 20___. (Seal)

Notary Public _____