

Please print legibly.

**GLASGOW BAPTIST STUDENT PERMISSION/MEDICAL RELEASE FORM
MEDICAL INFORMATION 2018-2019**

Student's Name _____ Date of Birth _____

Address _____

Names of Parents/Guardians _____

Home Phone _____ Work Phone _____ Cell Phone _____

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Health Insurance Provider _____

Policy # _____

Are there any special health conditions of which Glasgow Baptist Church should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)? *(Please check one)* No Yes

If the answer to the preceding question was "Yes," please explain in detail: _____

Does your child know how to swim? *(Please check one)* No Yes If yes: Beginner Intermediate Advanced

PERMISSION AND RELEASE

As the parent (or guardian) of the above named attendee, I grant permission for my son or daughter to attend Glasgow Baptist Church's 2018-2019 activities and events and authorize Glasgow Baptist Church and its chaperons, to transport and supervise my child in connection with his or her attendance at the various activities throughout 2018-2019.

I do further hereby give, release, absolve, indemnify, and agree to hold harmless, Glasgow Baptist Church, its trustees, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent such harm is the result of the intentional misconduct of Glasgow Baptist Church or such other party seeking to enforce this release.

Signature _____ Date _____

Name *(please print)* _____

MEDICAL CARE AUTHORIZATION

As the parent (or guardian) of the above named attendee of Glasgow Baptist Church's student activities, I hereby authorize Glasgow Baptist Church and its chaperones to seek and have emergency medical first aid administered to the above named attendee during 2018-2019.

Signature _____ Date _____

Name *(please print)* _____

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Glasgow Baptist Church's student ministry, to be used with GBC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature of Parent/Guardian _____ Date _____

Relationship to Student _____