

2018 Health/Media Release Form
This form is valid until Dec. 31st, 2018
Second Baptist Church, Lancaster, SC

Name _____ Date of Birth _____

Address _____ Grade _____

City and Zip _____ E-mail _____

Gender _____ Height _____ Weight _____

Parent/Guardian/Adult Information:

Parent/Guardian Name(s) _____

Address (if different from student): _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Phone (Cell) _____

Alternate Contact Information:

Name _____

Address: _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Phone (Cell) _____

Physician/Insurance Information:

Family Physician: _____ Phone: _____

Name of Insurance Co: _____

Address & Phone of Insurance Co: _____

Name of Policy Holder: _____

Group and Member #: _____

(Turn over)

Health History:

Pre-existing or present medical conditions: _____

Please list any allergies: _____

Please check any conditions that apply:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergic to Insect Stings | <input type="checkbox"/> Epilepsy/Nervous Disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> Physical Disability | Other _____ |

Any major illnesses in the past year? _____

Any activity/swimming restrictions? _____

Date of last Tetanus shot: _____

Medical Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand that this Health/Medical Release Form will be completed annually and that I will have the opportunity to update the information each time I complete a Permission Slip for a specific activity for my child.

Media Release Statement:

I understand that most Children’s Ministry events are video recorded and/or photographed. I hereby authorize Second Baptist Church of Lancaster, SC (SBC Lancaster) and/or their agents to use photographs or video of my child for promotional purposes. I specifically understand that SBC Lancaster shall hereby retain any and all rights in respect to the photograph(s) and/or video/film project(s) and/or web-site/internet project(s), including but not limited to, the rights to reproduce, copy/edit, exhibit, publish, or distribute such photograph(s) and/or video/film project(s) and/or website/internet project(s).

Parent/Guardian Signature _____

Date _____