



**AUTHORIZATION AND RELEASE FOR MEDICAL TREATMENT, ACTIVITIES,
TRANSPORTATION AND PHOTOGRAPH AND VIDEO RELEASE FOR MINOR CHILD.**

Name of Minor _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____ State _____ Zip _____

Home Telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication Yes ___ No ___

If yes, please explain _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- Asthma Hay Fever Kidney Disease
 Diabetes Heart Murmur Seizure Disorders

Please explain. _____

Does your youth ever sleepwalk? ___ Yes ___ No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? ___ Yes ___ No If yes, please explain. _____

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co.: _____ Policy No.: _____

MEDICAL TREATMENT AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S): I

am the parent and/or legal guardian of the aforementioned minor, and I grant my authorization and consent for a designated adult by the Seville First Baptist Church to administer general first aid for minor injuries or illnesses. If the injury or illness is severe, I authorize said designated adult to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize said designated adult to exercise best judgment upon the advice of medical or emergency personnel.

ACTIVITIES CONSENT: I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Seville First Baptist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

TRANSPORTATION RELEASE: I further hereby give permission for the aforesaid minor to be transported to and from activities sponsored or arranged by the Seville First Baptist Church in a church, rental, or private vehicle approved and designated by the Seville First Baptist Church for such transportation.

PHOTOGRAPHY AND VIDEO RELEASE: I further authorize the Seville First Baptist Church to publish photographs and video recordings taken of myself and/or the aforesaid minor child and to use our names and likenesses so produced in print, online and video based promotional and informational materials published by the Seville First Baptist Church.

Parent or Guardian: _____ Date: _____