

# Medical and Photo Authorization Form

Name: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Health Insurance Information:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

## Immunizations:

Tetanus: \_\_\_\_\_ Date of Booster: \_\_\_\_\_

Previous Illnesses: (Check and give dates to all that apply)

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Heart       | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Other: _____ |

## Photo Release

I give permission for my child to be photographed, videotaped, or audio taped while participating in First Baptist Ministries and Activities. I understand these may be used in a FBC directory, church publications including the website, and/or promotional videos and release FBC from any liability.

I do not want my child to be photographed, videotaped, or audio taped.

I hereby authorize any adult youth worker acting as an agent for First Baptist Church of Merritt Island, Florida, to be the Limited Guardian for \_\_\_\_\_, my minor child, on any church-related trips. This Limited Guardianship is for the specific purpose of procuring medical attention for my minor child in emergency situations. This authorizes the above-named individual to seek medical services for the above-named child in the event the child is on a church-related trip or activity and, because of the nature of the emergency, there is not time to contact me or any other natural guardian of the child. I further authorize the above named person to do any of the acts without permission or other order of any court and without specific bonds, unless mandatory by law. In consideration of the possible injuries which could occur in this event, I hereby release all participating groups and persons officially connected with this event from any and all liability for any injury or damages whatsoever arising from any participation in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## State of Florida, County of Brevard

Personally appeared before me, the undersigned authority, a Notary Public in and for said state and county, the within-named party, \_\_\_\_\_, who acknowledged the within instrument for the purpose therein contained. Form of Identification: Personally Known: ; Other ID: ; Driver's License:  \_\_\_\_\_.

Witness my hand and official seal this \_\_\_\_\_ day My commission expires: \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.