



PARENTAL RELEASE FORM

FAMILY LAST NAME: _____

DATE: _____

Medical History

CLUBBER NAME	ALLERGIES	CURRENT MEDICATION	MEDICATION ALLEGIES	MEDICAL HISTORY

Hospital Preference: _____

Medical Release

I, _____, authorize First Baptist Church of Rochester to administer basic
Parent/Guardian – Print Name

emergency medical treatment and/or activate the 911 EMS systems for transport by ambulance to the appropriate hospital emergency center.

Emergency Contact

Primary: _____ Alternate: _____

Home #: _____ Home #: _____

Cell Phone #: _____ Cell Phone #: _____

Parent / Guardian Signature

Date

Photo Video Release For Minor

I, as parent / guardian with legal responsibility for child(ren) listed on this form, hereby grant First Baptist Church of Rochester the perpetual right to use photographs or video taken of my child(ren) /dependant(s) for any legitimate purpose without compensation to my child(ren) /dependant(s), myself, heirs, executors, or assigns. Legitimate purpose may include, but are not limited to, advertising on the web, in newspapers, magazines, internal publications, displayed prints, worship services special events, curriculum, etc.

Parent / Guardian Signature

Date

OFFICE USE ONLY:

Initials:		Date Received:		Date Scanned:	
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