THOMASVILLE ROAD BAPTIST CHURCH

3131 Thomasville Road
Tallahassee, Florida 32308
(850) 386-4288 Fax (850) 298-4254

MEDICAL RELEASE FORM – C

August 2018 – August 2019

______________________________ ________ ______ ______________
PARTICIPANT'S NAME **GRADE** **AGE** **DATE OF BIRTH**

______________________________ ______________________________
PARENT/GUARDIAN **ADDRESS**

____
CITY / STATE / ZIP

________________ ________________ ______________________
HOME PHONE **WORK PHONE** **OTHER EMERGENCY PHONE(S)**

EMAIL ____

____________________ ______________________ ____________
FAMILY DOCTOR **ADDRESS** **PHONE**

______________________ __________________
EMERGENCY CONTACT PERSON **PHONE NUMBER**

This is to release and hold harmless Thomasville Road Baptist Church and its ministers and staff from any and all responsibility or liability arising out of the participant's involvement in all youth ministry activities. In the absence of one of the participant's parents or guardians, Thomasville Road Baptist Church is authorized to administer first aid or to obtain any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by the participant as a result of involvement in the activity. I agree to abide and be bound by such decisions or consents as made by Thomasville Road Baptist Church and do assume full financial responsibility for and agree to pay all expenses of such care. I further understand that by present Florida Law, if the participant is riding in a church vehicle which is involved in an accident he/she will be primarily covered by bodily injury under our family automobile policy.

I further agree that if my son or daughter creates a disciplinary problem, I will be responsible for all costs related to his/her early return. I understand my child may be photographed or videotaped during normal programs and activities. These photos/videos may be used in promotional materials, on social media posts, or on the TRBC website. I hereby grant my permission for such photographs/videos to be taken and used at the discretion of Thomasville Road Baptist Church. If there are extenuating circumstances or legal matters that prohibit my child from being photographed or videotaped, I understand I must notify, in writing, Dayle Isted (dayleisted@thomasvilleroad.org).

______________________________________ ______________
SIGNATURE OF PARENT / GUARDIAN **DATE**

__________________________ __________________________
NOTARY (Print Name) **MY COMMISSION EXPIRES**

STATE OF FLORIDA, COUNTY OF ______________________

The foregoing instrument was acknowledged before me the _________ **day of** _____ **20** __ **, by**

______________________________________ .
(Name of Parent or Guardian)

Personally known ______ **or produced I.D.** ________ **(Type of I.D.** ____________________________ **)**

__________________________ __________________________
Notary Signature **Print/Type/Stamp Name of Notary**
Notary Public State of Florida

(See back)

MINOR CHILDREN MEDICAL TREATMENT CONSENT FORM

NAME ____ **DATE OF BIRTH** ___________________________

Address ____ Home Phone (______) _______________

City/State/Zip ____

Medical History ____

Drug Allergy(s) ____

Current Medications _________________________________ Last Tetanus Shot ___________________________

INSURANCE COMPANY NAME ____

Employer Group or Individual _____in which parent's name? __________________________________

Group # _____________________ Contract # ____

Mailing address for claims ____

City/State/Zip ____