**2019 Health/Media Release Form**

Second Baptist Student Ministries • Second Baptist Church, Lancaster, SC

Student Name Date of Birth

Address Grade

City and Zip E-mail

Gender Height Weight

# Parent/Guardian 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:

|  |  |  |
| --- | --- | --- |
|  Hay Fever |  Heart Condition |  Diabetes |
|  Insect Stings |  Epilepsy/Nervous Disorders |  Asthma |
|  Frequent Stomach Upset |  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 Student Ministries 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