GLBC STUDENT MINISTRY MEDICAL/PHOTO RELEASE FORM

2802 Cleveland Hwy. Dalton, GA 30721 (706)259-8519 FAX: (706)259-4489

_____ has my permission to participate in any activity/event sponsored by Grove Level Baptist Church from January 2019-December 2019. I also give my consent for the leaders of each trip to provide my child any medical treatment necessary in case of an emergency. I have listed below any medical problems, allergies, or medications that are necessary for proper treatment.

_____

Home Address **City** **State** **Zip** **Grade**

_____ _____

Parent(s) Name (First & Last) **Emergency Contact Name & Phone** (other than parent)

Phone Information: Mother's Day #: _____ Night #: _____ Cell #: _____

Father's Day #: _____ Night #: _____ Cell #: _____

Insurance Company: _____ Policy Number: _____

Allergies:_____

My child is currently taking the following medications on a regular basis and will need this while on any trip.
(**NOTE**: *Please place medication in a Ziploc bag with the student's name and complete instructions.*)

Yes _____ I also grant my permission to Grove Level Baptist Church to use photographs of my child taken during any activity/event sponsored by Grove Level Baptist Church during the 2019 calendar year (January thru December) to be used in any publications, electronic form, or media (including, but not limited to Grove Level's website and Facebook). **Students will not be identified by name on the church website. GLBC is not responsible for posts/tags on Facebook.

No _____

SIGNATURE OF PARENT OR GUARDIAN_____DATE_____

Sworn to and subscribed before me this _____ day of _____, _____.

_____

Notary Public