

# 1<sup>st</sup> – 5<sup>th</sup> Grade GLBC MEDICAL RELEASE FORM

2802 Cleveland Hwy \_ Dalton, GA 30721 \_ 706/259-8519 \_ FAX: 706/259-4489

\_\_\_\_\_ has my permission to participate in any activities/events sponsored by Grove Level Baptist Church during this calendar year (January thru December). I also give my consent for the leaders of each trip to provide my student 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.

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<b>Home Address of Student</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Parent(s) Name (First &amp; Last)</b>	<b>Emergency Contact Name &amp; Phone</b> (other than parent)
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**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 bags with the student=s name and complete instructions.*

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<b>SIGNATURE OF PARENT OR GUARDIAN</b> _____	<b>DATE</b> _____
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# 1<sup>st</sup> – 5<sup>th</sup> Grade PHOTOGRAPH RELEASE FORM

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I, \_\_\_\_\_ grant my permission to Grove Level Baptist Church to use photographs of my child, \_\_\_\_\_, taken during any activities/events sponsored by Grove Level Baptist Church during the 2018 calendar year (January thru December) to be used in any publications or electronic form or media (including, but not limited to Grove Level's website and Facebook page).

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<b>SIGNATURE OF PARENT OR GUARDIAN</b> _____	<b>DATE</b> _____
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