

**MEDICAL CONSENT/MEDIA RELEASE FORM FOR ALL EVENTS**

First Baptist Church of Augusta  
3500 Walton Way Augusta, GA 30909  
706-733-2236 [www.fbcaugusta.org](http://www.fbcaugusta.org)

Permission Clause: In the event that our child \_\_\_\_\_ becomes ill or sustains an injury while on an authorized and chaperoned outing with First Baptist Church of Augusta, I give my permission to the staff or representatives of FBC to administer first aid and/or take my child to the nearest medical facility for additional treatment. I will not hold First Baptist Church of Augusta or any chaperone personally or financially responsible for any accident or illness that may occur.

Media Release Agreement: I further understand that photographs or video recordings may be created during preschool and children's events, and I give permission for First Baptist Church of Augusta to use any or all recordings of my child in publications, videos, website design or other media expressions. I waive all rights to control any aspect of these photographs and recordings.

Medical Insurance Agreement: Please make a copy of your insurance card front and back, and return it with this form. I hereby confirm that the participant is covered and will remain covered under a policy of medical insurance with \_\_\_\_\_ company. My policy and group numbers are \_\_\_\_\_. If my coverage changes to another company, I will promptly notify FBC Preschool and Children's Ministry office at 706-733-2236 x.216. I further agree that my insurance company will be the primary source of coverage in case of injury or accident held at or sponsored by FBC involving my child, and I am responsible for any deductible expenses in connection with that coverage.

Parent or Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phones \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Is participant in good general health? \_\_\_\_\_

Is participant allergic to any medications? \_\_\_ If so what? \_\_\_\_\_

Does participant react dangerously to bee stings, poison ivy, certain foods, etc?  
\_\_\_\_\_

Please submit all medications and special instructions prior to each trip/event/activity. It may become necessary to send the participant home for disciplinary reasons. By your signatures below you are agreeing to assume responsibility for any cost incurred. We will call you immediately if it becomes evident that this action needs to be taken. Also, by your signature below, you are agreeing to assume all responsibility for doctor bills, telephone calls or other expenses related to an emergency. This form must be signed and returned to the Preschool and Children's Ministry Office with an insurance card copy attached.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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