

2022/2023 MEDICAL RELEASE & PERMISSION FORM

Name: _____ Soc. Sec. #: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Phone Numbers: Cell: (____) _____ Work: (____) _____
In Case of Emergency Notify: (1) _____ Phone #: (____) _____
Or (2) _____ Phone #: (____) _____
Family Physician: _____ Phone #: (____) _____
Insurance Co.: _____ Policy #: _____
Insured's Name: _____ ***Copy of insurance card required.**
Childhood Immunizations Up To Date: No Yes Tetanus date: ____/____/____
Medical History: Bone breaks: _____ Surgeries: _____
 Blood Type: _____ Major Issues: _____
Allergies: Food: _____ Medicine: _____
 Other: _____
Previous concussions: No Yes If yes, dates they occurred: _____
Special dietary needs: _____
Current medications/dosage: _____

PERMISSION FORM

I, _____, am voluntarily participating in **Ministry Activities of Clayton Baptist Church** from **August 1, 2022**, to **July 31, 2023**.

I, _____, give permission for any **photos/videos** taken of me/my child to be used in promotional materials (print, video, or internet) of Clayton Baptist Church.

I/My child, _____, will abide by the **cell phone usage** policy of Clayton Baptist Church Youth Ministry. Cellphones are not needed during Sunday School or Wednesday Nite Live and will be confiscated (and returned to the parents). On all trips cellphone use will be specified by our leadership for each trip. This allows for building relationships and less distraction from what God is working to accomplish in us and through us. Leader cellphones are always available for check-ins and emergencies

If a medical emergency should arise while I am participating and I cannot give my permission/consent, I hereby give my permission/consent to the leaders and sponsors of **Clayton Baptist Church** to select a physician and/or hospital for my care. I hereby also give the physician and/or hospital my permission to hospitalize, treat, and to order injections, anesthesia, or surgery for me.

Participant's Signature (18 years of age +): _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____ SS #: _____

Parent/Guardian Phone #: Cell: (____) _____ Work: (____) _____

Notary Public: _____ County: _____ State: _____ Date: ____/____/____

Commission expires: _____

Notary Seal