

**First Baptist Church Monroe Preschool Summer Camp
Medical Form/Media Release Form/Parent Agreement
2024**

Name of Student _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____

Name of Parents _____

Contact Numbers:

Mother: Cell _____ Work _____

Father: Cell _____ Work _____

Child's Physician _____ Office Number _____

Hospital Preference _____

(FBCM will contact 911 in emergency situations and will follow their recommendations on medical treatment and transport.)

Name of Person(s), other than parents, authorized to act for parents in an emergency (this person should also be listed on the registration form.)

Name _____ Relationship to child _____

Contact Numbers: Cell _____ Work _____

Does your child have allergies (medications, insects, food, latex, etc.)?

No

Yes (Please explain) _____

Is your child currently under a physician's care or using medication?

No

Yes _____

Is your child covered by medical insurance?

No

Yes Company _____ Policy Number _____

Are there any special instructions or information about your child (including any custody issues)?

No

Yes _____

(over)

Waiver of Liability

I do hereby verify that the information listed on the form is correct and I understand that it is my responsibility to keep this information updated and correct (written notification required).

It is mutually agreed that in the event of an accident or illness of my child while in the care of First Baptist Church Monroe, First Baptist shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately contacted, First Baptist will use its best efforts to contact the emergency contacts listed on this Medical Information and Medical Release Form. In the event that the parents and the emergency contacts are not immediately available, First Baptist is authorized to secure such care as the situation may reasonably warrant.

The parent(s) agree(s) that where First Baptist has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident and/or illness to the child, any and all liability as might otherwise exist being expressly waived by the parent.

The parent(s) accept(s) all financial responsibilities concerning any medical treatment. Parent(s) also accept(s) responsibility to have child picked up immediately in the event of illness or accident or for disciplinary reasons.

Parent Signature

Date

Parent Release for Media Recording

I understand that, during summer camp, pictures will be taken for various projects and activities. I also understand that parents will be taking pictures for their personal use. I understand that any pictures taken of children, other than my own, are for personal use and should not be posted on social networking sites (YouTube, Facebook, Instagram, Twitter, etc.).

_____ I give permission for the above-named child to be photographed and/or videotaped. I understand photographs or videotapes may be used for projects, gifts or program promotion. Personal information will not be used.

_____ I do NOT give permission for the above-named child to be photographed and/or videotaped. I understand this could limit my child's participation in summer camp activities and/or projects.

Parent Signature

Date

I have read and I understand the policies and guidelines of Preschool Summer Camp as presented, and I agree to abide by them.

Parent Signature

Date