

**MEDICAL & PHOTO/VIDEO RELEASE FORM FOR MINORS**

(please attach a copy of insurance card to this document)

**WYNNDALE BAPTIST CHURCH**

11287 Springridge Rd, Terry, MS 39170  
601-371-2429

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**In case of emergency when the parent/guardian cannot be reached, please contact the following:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies (penicillin, drugs, insects, etc.) \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

Any special medical conditions \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Any additional comments about this child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL AND PHOTO/VIDEO RELEASE FOR MINORS**

I, \_\_\_\_\_, certify that I am the parent or guardian of \_\_\_\_\_.  
(parent or guardian) (name of child)

To the best of my knowledge, I have listed in this document all of my child's pertinent information. In the event of a medical emergency and/or situation, I give my permission for an adult representative, leader, or employee of Wynndale Baptist Church to seek immediate medical treatment for my child, and I give my consent to such medical treatment as deemed necessary by said representative, leader, or employee. I also understand that if I am not present at the time of the emergency, attempts will be made to contact me before care is rendered. I further acknowledge that I am responsible for all costs and/or charges associated with the medical care rendered to my child.

During the time my child is in the care of Wynndale Baptist Church, or its representatives, leaders, or employees, I as the legal guardian will not hold Wynndale Baptist Church, or its representatives, leaders, or employees responsible for any accident and/or medical emergency. I do hereby release and forever discharge from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my or my child's employment by or participation in a church activity. I agree to indemnify the Released Parties from any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in a church activity or while on property owned by any of the Released Parties.

I further give permission for my child to be photographed or videotaped during event activities, and for these photos and/or videos to be used in Wynndale Baptist Church public promotional materials.

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law.

**Name of Parent / Guardian** \_\_\_\_\_  
(please print)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent and/or Guardian)

**NOTARY PUBLIC**

**Subscribed and sworn to before me, in my presence, this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_,  
**a Notary Public in and for the (county)** \_\_\_\_\_ **STATE of** \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

**My commission expires:** \_\_\_\_\_, **20** \_\_\_\_\_.