

FBC RELEASE FORM

(Please print in black ink)

Youth's name: _____

Family address _____
Street address City State Zip Code

Telephone Father: () _____(home) () _____(work) () _____(cell)

Mother: () _____(home) () _____(work) () _____(cell)

Child's Birthday (month, day & year) _____

I. Use of Images Release

From time to time, we take pictures during church/youth activities. We would like your permission to use these pictures on our website, in our newsletter, or on bulletin boards. We will never reference your child's full name or provide any specific information regarding your child. We will also never sell these pictures; we will use them exclusively for First Baptist Church of Topeka's purposes. Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant you permission to use photos of my child on your website or bulletin board and in your newsletter.

-OR-

_____ NO. Please do NOT use any photos of my child in this manner.

II. Transportation

For announced activities I give permission for my child to be transported to or from an off-site location by an **FBC staff member or adult volunteer leader** using the church van or other vehicle.

_____ YES, I grant permission for my child to be transported.

-OR-

_____ NO, I do not grant permission for my child to be transported to off-site activities and will be available to provide transportation for my child for these events.

III. Emergency Medical Release

I, _____ parent or legal guardian of _____, do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child, while said child is under the care, custody and control of the **FBC staff member or adult volunteer leader for the event in which they are participating on January 1, 2011, through December 31, 2011**, and I am not reasonably available by telephone to give consent.

Date of last tetanus shot _____ Allergies to foods or drugs _____

Special medication, blood type or pertinent information _____

Family physician _____ Phone () _____

Office address _____

Insurance Company _____ Policy # _____

(Signature of Parent or Guardian)

State of _____

(County) of _____

Signed or attested before me on _____ (date) by _____ [name(s) of person(s)].

Signature of notarial officer)

Title (and Rank).

[My appointment expires: _____]