

**FBC RELEASE FORM**  
**(Please type or print in ink)**

Youth's name: \_\_\_\_\_

Family address \_\_\_\_\_

street

city

state

zip

Telephone Father: ( ) \_\_\_\_\_(home) ( ) \_\_\_\_\_(work)

Mother: ( ) \_\_\_\_\_(home) ( ) \_\_\_\_\_(work)

Child's Birthday \_\_\_\_\_

**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. 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 **Robyn Aeschliman, Mollie Beutler, Rebeka Boydston, Corey Fields, Amy McLaren, Greg McLaren, Charity Rouse, Kimberly Sturtevant, Matthew Sturtevant, and/or Kathy Webber, Shelley Bearman, Becky Crowl, Kelly Crowl on January 1, 2009, through December 31, 2009**, 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 # \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Notary Public)

My appointment expires: \_\_\_\_\_.