

**FIRST BAPTIST CHURCH OF BUTNER, NC**  
**YOUTH AND CHILDREN'S MINISTRIES**  
**General, Medical, and Internet Release Form**  
(Please Print Clearly)

Name of Youth/Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's (or legal guardian) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company Covering Youth/Child:  
\_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

***Personal Medical Information***

Known Allergies

\_\_\_\_\_  
Medical History (ie. Asthma, Diabetes, Prosthesis, etc.)

\_\_\_\_\_  
Current Medications (Dosage and Reason for taking)

\_\_\_\_\_  
Dietary Restrictions

\_\_\_\_\_  
Physical Restrictions

\_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_

**Statement of General Release for all Youth/Children's Ministry Functions,  
Medical Liability and Release, and Media / Internet Release**

I give permission for my child, \_\_\_\_\_, to participate in the planned activities of the Youth/Children's Ministry of First Baptist Church of Butner. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults will be chaperoning youth/children's activities and will take reasonable action as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly Christian manner and will abide by decisions made by the adult leaders. I am aware that transportation by church vehicle will be used when travel is necessary.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity sponsored by First Baptist Church of Butner, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize and/or to secure medical treatment for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Butner and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church of Butner, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject named on this form.

I understand, as a participant of all First Baptist Church of Butner Youth/Children's Ministry activities, my child may be photographed or videographed during normal activities and these images may be posted on the First Baptist Church of Butner Website, Facebook page, or placed in First Baptist Church of Butner Ministry publications and promotional materials.

I give permission for images or videos of my child to be printed or posted online.

I **DO NOT** give permission for images or videos of my child to be printed or posted online.

I have read and understand the conditions described above, and I give permission for my child to participate in the First Baptist Church of Butner Youth/Children's Ministry activities.

**Parent/Guardian Signature:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_ County, North Carolina

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

\_\_\_\_\_

**Date:** \_\_\_\_\_  
**(Official Seal)**

**Signature of Notary:** \_\_\_\_\_

**Notary's Printed Name:** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_

**Please attach a copy (front and back) of medical insurance card.**