

**Eagle's Landing First Baptist Church, Inc. Permission/Medical Release Form**  
**2400 Highway 42 North, McDonough, GA 30253, (770) 957-1355**

**Please fill in the following information.**

Participant's Name \_\_\_\_\_

Mom's Name \_\_\_\_\_

Address \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Other Phone \_\_\_\_\_

Grade (just completed) \_\_\_\_\_

Church Member \_\_\_\_\_ Name of Church \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Notify If Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Person Picking-up Child \_\_\_\_\_ Phone \_\_\_\_\_

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

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Immunization: Tetanus \_\_\_\_\_ Pollo Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Other: \_\_\_\_\_

Allergies: Food: \_\_\_\_\_

Penicillin/Drugs: \_\_\_\_\_

Insect stings/Bites: \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

➡ INITIAL BELOW

**Please Attach a Copy of Insurance Card** (Copy machine available at the church)

- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.
- \_\_\_\_\_ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.
- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to transport my child to or from church, on field trips, or on other church sponsored activities.
- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to include my child in supervised water activities.
- \_\_\_\_\_ I understand that as a participant of Eagle’s Landing First Baptist Church, Inc. events, my child may be photographed or videotaped during normal event activities, and these photos/videos may be used for promotional purposes.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The above named participant (the word “participant” to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word “custodian” to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in the above-referenced activity conducted under the sponsorship of Eagle’s Landing First Baptist Church, Inc Henry County, Georgia, an incorporated association; its agents, servants, and members. In making such consent participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize the consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Eagle’s Landing First Baptist Church, Inc. at its office at 2400 Highway 42 North, McDonough, Georgia 30253, (770) 957-1355.

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**This form must be notarized and signed by a licensed Notary Public**

Notary Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Seal: