



Permission for Participation, Travel & Photo Release

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

Mom Phone: \_\_\_\_\_ Dad Phone: \_\_\_\_\_

The student listed above has the permission of the undersigned below to participate in events of and travel, including overnight, with Eastside Baptist Church, Plant City, FL. In addition, permission is granted for my child's photo to be taken and used for website, social media, print publication and any other advertisement or media production of the church, with no regard to royalties or copyrights.

In the event of an emergency affecting the health or welfare of this participant, the leaders and/or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary. The individual's action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents and/or guardians of the participant.

Participant's Healthcare Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

In the event, I/we cannot be reached, in an emergency, call:

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

Contact Name

\_\_\_\_\_  
Signature or Parent/Guardian

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

\_\_\_\_\_  
Printed name of Parent/Guardian

**See back for Medical Information**



Permission for Participation, Travel & Photo Release

**Student Medical Information**

Date of Birth: \_\_\_\_\_ Date of last Tetanus Injection: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Can your student be given any of the following?

Medication	Yes/No	Medication	Yes/No	Medication	Yes/No
Tylenol		Ibuprofen		Aleve	
Benadryl		Antacid (Tums)		<b>NO MEDICATION</b>	

Other information we should know about:

Office Use Only

Received By	
Date Received	