

**2020 - 2021 Lakewood Student Ministry
Medical Release & Photo/Video Permission Form**

Every Lakewood participant MUST complete and sign this form once annually and is valid from August 1, 2020 - July 31, 2021.

Name _____ **Grade** _____ **Gender** _____
Last First Middle

Parent (Legal Guardian) Name _____ **Phone(s)** _____
Last First

Address _____
Street City State Zip

In Case of Emergency Notify _____ **Phone(s)** _____

E-Mail Address: _____

Medical Insurance Co. _____ **Policy #** _____ **Group #** _____

Policy Holder's Name _____ **Relationship** _____

Health History & Information

Immunization Status: (Check all up to date) _____ Tetanus _____ Typhoid _____ Polio

_____ **Asthma-** (Does this student need to keep the inhaler to use as needed? _____ Yes _____ No)

_____ **Allergies-** please list: _____

_____ **Insect Stings/Bites-** _____ Diabetes _____ Kidney Trouble _____ Heart Trouble _____ Other

_____ **Medications & Dosage:** _____

_____ **Restricted Diet-** explain: _____

Medical Waiver

To be filled out by the parents or legal guardians of participants under 18 years of age.

I, _____, the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to participate in activities and/or events sponsored by Lakewood Student Ministry during the school year 2020-2021.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Lakewood Baptist Church, its representatives, or any attending physician to make such decisions and to perform medical treatments and/or surgery upon said minor, which in their sole discretion is necessary and proper under the circumstance of life threatening injury.

I, the undersigned parent and/or legal guardian of _____, a minor, do release, acquit, discharge, and covenant to hold Lakewood Baptist Church, or its representatives, from any and all legal action, damages, or liabilities arising out of the treatment of any sickness or injury incurred by said minor during an activity/event.

I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church website.

Parent/Guardian _____ **Date** ____/____/____.

Signature

Revised 7/22/19