

**Union Baptist Student Ministries**  
**Permission Slip, Medical, and Media Release**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Please list a contact person (other than parent) as an emergency contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any know allergies and/or any other information we might need to be aware of regarding the physical condition of your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Your child currently on any medication? (    ) Yes                      (    ) No

If Yes, please list and explain. \_\_\_\_\_

\_\_\_\_\_

By signing below, I grant permission for my child to participate in any activity which may be directly or indirectly sponsored by Union Baptist Church, Griffin GA, or other affiliated churches or organizations. I consent to my child traveling in vehicles provided by the church and/or agents of the church when necessary. In the event of an emergency, injury, or illness, when medical treatment is determined necessary, I give my permission to church staff and any adult agent representing Union Baptist Church, Griffin, GA, to obtain the services of medical personnel. By affixing my signature below, I do hereby agree to hold harmless and indemnify Union Baptist Church, Griffin, GA, and any of its agents, appointed representatives, chaperones, or any other affiliated persons thereof (the Release) from any and all claims of losses, bodily injuries, illnesses, or damages, that may result from my child's participation. I further agree to waive any rights of legal action against the said releases by or on behalf of my child.

By signing below, I, and my child, also acknowledge and consent to the use of photographs/videos taken of my child by Union Baptist Church, Griffin, GA, and/or any affiliated agents during activities and services. I consent for these images to be used for publicity, promotion, or presentation via newspaper, internet, or other media sources. I waive all claims for compensation for use, or for damages.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

This permission slip and medical release is valid one year from the date signed.

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