



Permission Slip

I _____ the parent and/or legal guardian of _____ grant permission for my child to participate in the activities of the Children's Ministry of Northside Baptist Church, including transportation from August 10, 2013 through September 10, 2014.

In the event there arises an emergency necessitating medical attention, I hereby consent and give permission to Northside Baptist Church, sponsor, or any attending physician to make such decisions and perform medical treatment of my child.

I agree not to hold Northside Baptist Church of Victoria, Texas and its representatives responsible for any injury or loss of personal property.

Signature of Parent or Guardian

Date

NORTHSIDE BAPTIST CHURCH PHOTO RELEASE FORM

I hereby give Northside Baptist Church the right and permission to publish, without charge, photographs taken of me during church related activities and events. These photographs may be used in whole or in part, and may be used in publications and in audio-visual presentations, promotional literature and materials, website promotions, online social communities, or in other similar ways.

By signing below, you are giving Northside Baptist Church permission to use photos of you for the purposes stated above. In addition, your signature indicates that you waive any right to financial reimbursement of liability related to the production of such photos or video, now or in the future.

Name of Participant (Please Print) _____

Participant's Signature _____

Date ___/___/___

If participant is under the age of 18:

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date ___/___/___



Medical Release and Field Trip Form

Minor's Name: _____
Date of Birth: _____
Address: _____
Phone #: _____
Email address: _____

In Case of an Emergency Notify: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Personal Physician: _____
Physician's Phone Number: _____

Any Known Allergies: _____

Medications: _____

List any special medical problems (diabetes, epilepsy, heart trouble, etc.)

Date of last tetanus: _____

Do you have Insurance: () Yes () No
Company: _____
Policy #: _____
Phone #: _____

- Children : please make a copy of immunization record

PLEASE SIGN BELOW IF GOING AS A SPONSOR:

Northside Baptist Church has my permission to do a background check so I can be a sponsor of the attached activity.

Signature