

Permission & Medical Release / Media Consent Form
Dixie Baptist Church
HATTIESBURG, MISSISSIPPI

Name: _____ Birthdate: ____/____/____

Address: _____

Parent/Guardian: _____

Home Phone:(____) _____ Work Phone:(____) _____

Secondary contact to notify in event of emergency: _____

Their relationship to you: _____ Their phone:(____) _____

Please supply ALL of the following information.

Medical Insurance Co.: _____

Group# _____ Policy#: _____

Family Physician's Name & Practice: _____

Phone:(____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp
(Prescription meds MUST have a pharmacy label and name of doctor):

Permission:

- I give consent for the above-named child to participate in and be transported to and from ALL activities, events, retreats, and trips by van or member's personal vehicle that is sponsored by the Children/Youth ministry of Dixie Baptist Church.
- I understand that this permission/release will apply to all planned activities, events, retreats, or trips sponsored by the Children/Youth ministry of Dixie Baptist Church. This permission/release is valid for 1 year from undersigned date.
- I understand that, in case of emergency, Dixie Baptist Church employees, leaders, volunteers, or third parties will make every effort to contact me and/or the emergency contact.

Medical Release:

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Dixie Baptist Church, Hattiesburg, MS, its employees, all sponsors, Trustees, volunteers, and members from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage, injury, or illness while participating on any church trip or activity.

I further grant permission to the church sponsor/s to administer emergency medical treatment or admit my child to an emergency medical facility in case of sickness or injury. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment or x-ray examinations for my child. I understand that in the event of serious illness or injury the attending physician will attempt to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of my child may be given. Dixie Baptist Church, its employees, sponsors, Trustees, volunteers, and members will not be responsible for medical costs.

Media Consent:

I understand that Dixie Baptist Church regularly photographs and/or records worship services, church sponsored activities, events, classes, and trips. In consideration of allowing my child to participate in said activities, I consent to my child’s photograph or image being used by Dixie Baptist Church in presentations, publications, and/or promotions through online and social media formats.

COVID-19:

COVID-19 is highly contagious and is known to spread mainly by person-to-person contact. By attending Dixie Baptist Church services and events, you agree to abide by the procedures established by the church to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19 either at the church or while attending a church sponsored event. You agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the church and any other parties.

Emergency Notification and Alternate Pickup:

If I am unavailable in the case of emergency or absent at scheduled pickup, please notify:

Name: _____ Relationship: _____
Phone: _____

Parent/Guardian signature: _____

Date: _____