

FBC MEDICAL RELEASE AND PERMISSION FORM

Student: _____ Grade: _____

Phone #:(_____) _____

Address: _____

City: _____ Zip: _____

Male [] Female []

Parents or Guardians: _____

Phone: (home) (_____) _____

(work) (_____) _____ (cell) (_____) _____



Photography Consent:

I understand that FBC Yoakum regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by FBC Yoakum in video presentations, publications, promotions, on their web site or in any other **lawful** manner.



Medical Release Information:

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone #: _____

I _____ hereby give my child _____ permission to attend _____ and understand that I am responsible for any damages that my child might incur over the weekend, and that FBC Yoakum is not liable for any injuries that my child might acquire during this event.

parent/guardian signature

Date

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