

Antioch Church
Wednesday Night BLAST
Believing*Loving*And*Serving*Together



Please complete this form for each child participating in the youth ministry at Antioch.
For questions, contact Pastor Dale at 540-325-4128.

<hr/> Child's Name	<hr/> Date of Birth	<hr/> Sex (M/F)
<hr/> Parent/Guardian Name	<hr/> Best Contact Phone Number	
<hr/> Address	<hr/> City, ST Zip Code	
<hr/> Alternative Emergency Contact	<hr/> Phone Number	
<hr/> Secondary Emergency Contact	<hr/> Phone Number	
<hr/> Parent Email Address		

Medical Information

<hr/> Hospital/Clinic Preference	<hr/> Physician's Name
<hr/> Insurance Company	<hr/> Policy Number

Does your child have ANY allergies? _____

Does your child have any medical conditions we should know about? _____

Please indicate any other pertinent information that the youth staff should know about your child:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to Informed Consent of Treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature Date

I give permission for my child to go on field trips. I release Antioch Church and individuals from liability in case of accident during activities related to Antioch Church, as long as normal safety procedures have been taken.

Parent/Guardian Signature Date

PHOTO RELEASE FORM
Antioch Church Youth Ministry

_____ (Youth Name) may be photographed and/or videotaped by Antioch Church during activities and/or events. This photo release gives Antioch Church permission to photograph your child and release said photos for publication online and/or print media. I understand that photographs and videotapes may be released to the media and the public to promote Antioch Church programs and/or events. You may modify the permissions in this release at any time in writing.

PARENT'S NAME _____

PARENT'S ADDRESS _____

PHONE _____

Parent/Guardian Signature

Date

I DO NOT want _____ (Youth Name) to be photographed and/or videotaped.

Parent/Guardian Signature

Date

Additional Information

Preferred method of contact _____

List any court appointed restrictions:

Those authorized to pick up my child are:
