

Antioch Church of the Brethren

**WEDNESDAY NIGHT BLAST**

Believing\*Loving\*And\*Serving\*Together



Please complete this form for each child participating in the youth ministry at Antioch.

Child's Name

Date of Birth

Sex (M/F)

Parent/Guardian Name

Best Contact Phone Number

Address

City, ST Zip Code

Alternative Emergency Contact

Phone Number

Secondary Emergency Contact

Phone Number

***Medical Information***

Hospital/Clinic Preference

Physician's Name

Insurance Company

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 of the Brethren and individuals from liability in case of accident during activities related to Antioch Church of the Brethren, as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

# PHOTO RELEASE FORM

## Antioch Church of the Brethren Youth Ministry

\_\_\_\_\_ (Youth Name) may be photographed and/or videotaped by Antioch Church of the Brethren during activities and/or events. This photo release gives Antioch Church of the Brethren 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 of the Brethren 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***

Parent/Guardian email address \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

List any court appointed restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Those authorized to pick up my child are:

\_\_\_\_\_