NORTHVIEW BAPTIST CHURCH
MEDICAL / ACTIVITY RELEASE

_____has my permission to engage in prescribed activities, accept as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to ensure the well being of the above named participant, due to sickness or accident while attending activities of Northview Baptist Church, or in route to or from other church sponsored activities. I also authorize adult sponsors to transport my child at their discretion in the case of an emergency.

We represent to you that we and the participant hold Northview Baptist Church, its agents, employees and representative harmless from all liability arising from the conduct of the participant and agree to defend and indemnify Northview Baptist Church, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

Media Consent: I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Northview Baptist Church. Northview, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

_____ _____ _____

Parent Signature Parent Printed Name Date

Name of Child _____ Name of Church_____

DOB_____ Age____ Sex____ Current School Grade _____ School _____

Address_____City_____Zip_____

Phones: Home _____ Cell _____ Other _____

Parent/Guardian's Name_____ Relationship to Child_____

Work Phone (His) _____Work Phone (Hers)_____

Parent Email Address(s) (His) _____ (Hers) _____

Other Emergency Name_____Phone_____

Health Insurance Company _____ Phone_____

Group_____Number:_____Other Info_____

Family Physician_____Phone_____City_____

List any medical concerns here _____

Circle medications NBC staff may administer: Tylenol Ibuprofen Benadryl Antacid Other: ____

I am a guest of: _____