

THFBC STUDENT MINISTRY EVENT/MEDICAL/PHOTO RELEASE FORM

202 South Cherry Street Tunnel Hill, GA 30755 (706)673-2085

_____ has my permission to participate in any activity/event sponsored by Tunnel Hill First Baptist Church from January 2021-December 2021. I also give my consent for each of the leaders of each trip to provide my child any medical treatment necessary in case of an emergency. I have listed below any medical problems, allergies, or medications that are necessary for proper treatment.

Home Address	City	State	Zip	Grade
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Parent or Guardian Names (First and Last)	Emergency Contact Name & Phone
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Phone Information: Mother's Day #: _____ Night #: _____ Cell #: _____

Father's Day #: _____ Night #: _____ Cell #: _____

Insurance Company: _____ Policy Number: _____

Allergies: _____

My child is currently taking the following medications on a regular basis and will need this while on every trip. (**NOTE: Please place medication in a Ziploc bag with the students name and complete instructions.**)

I also grant my permission to Tunnel Hill First Baptist Church to use photographs of my child taken during any activity/ event sponsored by Tunnel Hill First Baptist Church during the 2021 calendar year (January 2021-December 2021) to be used in any publications, media, and electronic forms (including but not limited to Tunnel Hill First Baptist's website, Facebook, and instagram). **Students will not be identified by name on the church's website. THFBC is not responsible for posts/tags on Facebook. Yes, I give permission: _____ No, I do not give permission: _____

This form will release my student for the following event(s) [place a check in the underlined space]:

 The 2021 Student Life Camp (June 14th-18th) *The full price of the camp is \$350 due on June 2nd 2021. Financial sponsors are available to give assistance to parents if needed.*

 The 2021 Ohio Mission Trip (June) *The price of this trip will be covered out of the youth budget. Limited space is available for this trip.*

**SIGNATURE OF PARENT OR
GUARDIAN** _____ **DATE** _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public