Parental/Medical Consent Form **Special Instructions** Address: City, State, Zip: Grade: Home #: Email: To Whom It May Concern: The undersigned does hereby give permission for our (my) child, Photo Release to attend and participate in activities sponsored by First Baptist Church, Fort Mill. I do hereby consent and agree that First Baptist Church Fort Mill We (I) authorize an adult, in the care that has been entrusted has the right to take photographs, videotape, or digital recordings to consent to any x-ray, anesthetic, medical, surgical, or dental of me and to use these in any and all media. (initial) diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of a dentist or physician licensed under the provision of the Medical **Disciplinary Code** Practice Act on the medical staff of a licensed hospital, whether the said diagnosis or treatment is rendered at the office of the physician or said hospital. 1. I will obey all rules set out before me by the adult sponsors. The undersigned shall be liable and agrees to pay all the 2. I will not bring drugs, alcohol, tobacco, balloons, shaving expenses incurred in connection with such medical or dental services cream (unless you shave) or anything that would hinder me or rendered to the aforementioned minor pursuant to this authorizaothers from achieving God's best for us on an activity. tion. 3. Cell phones, iPods, video games or any secular The undersigned does also give permission for our (my) child music is not allowed. If found they will be taken from you. to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the 4. I will not harm any other person or their activities sponsored by First Baptist Church, Fort Mill. belongings. 5. Failure to comply with any or all of the rules above may result Insurance Company:_____ Policy #:_____ Emergency Phone:_____ in your being sent home at your parents' expense. Participant's Name: Parent or Guardian: On the reverse side list any and all allergies or special medical Parent/Guardian: problems your child may have. Also read and sign the discipli-Student: nary code & initial the photo release. Thank You.