

Student: \_\_\_\_ Adult: \_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HOTT Days PERMISSION & MEDICAL Form/ VIDEO & PHOTOGRAPHY Release**

***Please complete and/or attach a copy of your insurance card if necessary.***

Check/Complete appropriate boxes: Male \_\_\_\_ Female \_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Mobile # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of Person on Policy: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Known Allergies? \_\_\_\_\_ Limitations: (please attach)

Please list all medications currently taking: \_\_\_\_\_

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**PERMISSION FOR MINORS:** I hereby give permission for my child, \_\_\_\_\_ to attend HOTT Days this year and participate fully in activities for the event.

**EMERGENCY MEDICAL CARE:** In the event that my child (listed above) suffers any illness or accident requiring emergency hospitalization while at this event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize, secure proper treatment for and/or order injection or anesthesia for the above named. I will not hold First Baptist Church responsible in the event of accident, loss or death.

\_\_\_\_\_  
Signature of Adult participant or Parent/Guardian of Minor \_\_\_\_\_ Date

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**PHOTOGRAPHY & VIDEO Release:** I hereby consent for FBC leaders to photograph or video my student at events sponsored by the church. These images may be used by the church for printed and/or promotional materials or use on the church website or Thrive's social pages like Facebook or Instagram.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date