



Special Trip/Activity Release

THE STATE OF TEXAS COUNTY OF WILLIAMSON

I, _____, a legal resident of the State of Texas,
do hereby make, constitute and appoint, **Brett Levy, Amanda Levy, Kathleen Sheffield, Shanna Downs, David Downs, Brandi Roppolo, Brian Dawson, Matt Patterson, Lisa Patterson, Michael Jones, Racheal Jones, Brian Ward, Chastity Ward, JT Vickers, & Heather Vickers** as my son/ daughter's true guardians:

To consent to any x-ray examination, anesthetic, medical/surgical/dental treatment or diagnosis, and hospital care to be rendered to my daughter/son _____ under the general or special supervision and on the advice of any physician or surgeon licensed to practice.

I granted to my said guardians in fact full power and authority to do and perform all and every act and things whatsoever requisite, necessary, and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said guardians in fact or other substitutes shall lawfully do or cause to be done by virtue of this special release and the rights and powers herein granted.

The rights, powers, and authority of said guardians to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers, and authority shall remain in full force and effect thereafter until revoked by me in writing.

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date

FBG Special Trip/Activity Release (Continued)

To be filled out by parent or guardian:

Name of student _____ Date of Birth _____ Gender _____
Home Address _____ City _____ State _____ Zip _____

In an emergency notify _____ Phone _____ Relation _____

Name of parent or guardian _____ Phone _____
Address of parent or guardian _____
City _____ State _____ Zip _____
Business _____ Cell _____
Email address _____

Insurance Information

Family Insurance Carrier _____ Policy # _____
Policy Holder _____ Group # _____
Policy Holder Date of Birth _____ Relation to Student _____
Name of Family Physician _____ Phone _____

Medical History

Known diseases or conditions: Asthma, heart, kidney, epilepsy, diabetes, anemia, lungs, allergies:

Last Tetanus: _____

Difficulties: Nose bleeds, sore throats, colds, bed-wetting, other:

Physical handicaps or deformities: _____

Is student taking medication? _____ Type _____
How often _____ Dosage _____

FBG Georgetown Standard Photo & Video Release Form for Minor Children

I hereby authorize First Baptist Church Georgetown to publish the photographs taken of my child for use in First Baptist Church Georgetown printed publications, audio/visual media and web-related media.

I acknowledge that since participation in publications, video, and websites produced by First Baptist Church Georgetown is voluntary; we will receive no financial compensation. I further agree that my child's participation in any publication and web-site produced by First Baptist Church Georgetown confers upon me/us no rights of ownership whatsoever.

It is the policy of First Baptist Church Georgetown to not publicize or identify legal minors (under the age of 18) in any of its published media without the express written permission of their parent or legal guardian. First Baptist Church Georgetown will not tag your students but other FBC students may depending on your student's Facebook privacy settings.

I release First Baptist Church Georgetown, its contractors and its employees from liability for any claims by me or any third party in connection with my child's participation until such time I revoke this release in writing and submit it to the Director of Media and Communications of First Baptist Church Georgetown.

Parent or Guardian signature: _____ **Date:** _____