



Antioch Church  
*Wednesday Night BLAST*  
**Believing\*Loving\*And\*Serving\*Together**



Please complete this form for each child participating in the youth ministry at Antioch.

----- Child's Name	----- 2024-25 Grade	----- Birthday	----- Sex (M/F)
----- Parent/Guardian Name	----- Best Contact Phone Number		
----- Address	----- City, ST Zip Code		
----- Alternative Emergency Contact	----- Phone Number		
----- Secondary Emergency Contact	----- Phone Number		
----- Parent Email Address			

***Medical Information***

----- Hospital/Clinic Preference	----- Physician's Name
----- Insurance Company	----- Policy Number

Does your child have ANY allergies? -----

Does your child have any medical conditions we should know about? -----

Please indicate any other pertinent information that the youth staff should know about your child:

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I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to Informed Consent of Treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go on field trips. I release Antioch Church and individuals from liability in case of accident during activities related to Antioch Church, as long as normal safety procedures have been taken.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTO RELEASE FORM  
Antioch Church Youth Ministry

\_\_\_\_\_ (Youth Name) may be photographed and/or videotaped by Antioch Church during activities and/or events. This photo release gives Antioch Church permission to photograph your child and release said photos for publication online and/or print media. I understand that photographs and videotapes may be released to the media and the public to promote Antioch Church programs and/or events. You may modify the permissions in this release at any time in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I DO NOT** want \_\_\_\_\_ (Youth Name) to be photographed and/or videotaped.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Additional Information***

List any court appointed restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Those authorized to pick up my child are:

\_\_\_\_\_