

**FIRST BAPTIST CHURCH BILOXI  
HEARTS/CORA MINISTRY  
NEW TEACHER/ASSISTANT PACKET**

**MEDICAL RELEASE AND LIABILITY RELEASE**

**CHILD'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**LIST ANY HEALTH LIMITATIONS, ALLERGIES, SPECIAL NEEDS OR MEDICATION OF WHICH WE SHOULD BE AWARE:**

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

**NAME, ADDRESS AND PHONE OF FRIEND OR RELATIVE WHO CAN BE REACHED IN CASE OF AN EMERGENCY:**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**FAMILY PHYSICIAN'S NAME** \_\_\_\_\_

**PHYSICIAN'S PHONE** \_\_\_\_\_

**INSURANCE COMPANY/POLICY NO.** \_\_\_\_\_

I/We the undersigned, have read the information concerning this program and so hereby consent to authorize and direct any volunteer of this program to have charge of my sons/daughters behavior and obtain for \_\_\_\_\_, my son/daughter, such medical care, treatment, or hospitalization as may be necessary during the full time away.

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

## PARENTAL AGREEMENT

If I am utilizing a discount for teaching/assisting I agree to be present in each assigned class or position for every class period my children attend. Failure to do so results in \$5.00 charge per child per class. As a parent, I will partner with HEARTS Ministry to encourage, train and guide my child toward the goal of excellence in the areas of character, manners, behavior and abilities. I have read to and explained this to my children and agree to the terms and conditions as stated in the co-op program parental agreement.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

### CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

\_\_\_\_\_ **I DO** GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED

I, parent of \_\_\_\_\_, hereby allow photographs of my child's participation in HEARTS ministry at First Baptist Church Biloxi Mississippi to be published via print. I waive any claim for damages against First Baptist Church, Biloxi, Mississippi from the un-consented-to use, alteration, or republication of my child's photographs by third parties obtaining copies of the print.

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Legal Name of Child/Children

\_\_\_\_\_ **I DO NOT** GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Legal Name of Child/Children