



PARENTAL CONSENT/MEDICAL TREATMENT RELEASE FORM



Event: _____ Effective: _____ - Expires: _____

Must be completed fully and returned. Thank you.

_____, give consent as parent or guardian for my child (ward),
(parent/guardian)

_____, to participate in youth activities.
(participant)

I further certify that my child is physically capable and able to participate in all events occurring with in the dates listed above. Any limitations to his/her participation are listed below. Please list any restrictions to your child's participation in the above activities:

I give to Fellowship Bible Church the right and permission to take photos and/or video of my minor child to use and reproduce for any purpose including, but not limited to illustration, promotion, and advertising. I release Fellowship Bible Church from any and all claims ensuing from the use of the photographs. I understand all images are the property of Fellowship Bible Church, whether digital, negatives, or prints.

I also give consent to authorized representatives of Fellowship Bible Church to authorize emergency medical treatment for my child in the event I am not present or cannot be reached.

For, and in, consideration of the benefits of participation in the above named activity of Fellowship Bible Church I hereby do waive and relinquish any right, cause of action, liability, or responsibility of Fellowship Bible Church for any injury, damage or loss including without limitation any bodily injury arising out of or incidental to the above named child's participation in said activity.

This waiver shall extend to all injuries, losses or damage caused or contributed in cause by Fellowship Bible Church's facilities or personnel save latent defects not warned against or intentional misconduct.

Parent/Guardian Signature

Date

Medical Information

Allergies to medication: _____
Medications taken regularly: _____
Dosage Medication Frequency
Other information needed in event emergency medical treatment is required: _____

Insurance Coverage

Primary Insured: _____
Insurance Company: _____
Policy Number: _____ Copy of insurance card attached Yes or No
(Insurance must be attached to the back of this form)

Emergency Contact Information

Home Phone #: _____
Emergency Phone #: _____
Relationship: _____

Notary Public

State of _____ County of _____
On this, the _____ day of _____ before me a notary public, a parental consent/medical release form for _____ with Fellowship Bible Church was acknowledged before me and signed by _____.
Name of Event Parent/Guardian Name

Notary Public's Signature

Date