



PARENTAL CONSENT/MEDICAL TREATMENT RELEASE FORM



Effective Date: 6/15/2011

Ending Date: 08/15/2011

Must be completed fully and returned. Thank you.

I, _____, 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: _____	_____

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 _____.	
_____ Notary Public's Signature	_____ Date