



FELLOWSHIP BIBLE CHURCH  
PARENTAL CONSENT/MEDICAL  
TREATMENT RELEASE FORM

Collide Retreat 2020  
Effective: 01/17/2020-01/19/2020

*...Loving God, Loving People Everywhere, and Joining Jesus on His Mission*

*Please complete fully and return before the activity begins. 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. 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 ensuring 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.

\_\_\_\_\_  
**Father's / Guardian's Signature**                      **Date**                      **Mother's / Guardian's Signature**                      **Date**

**Medical Information**

<b>Allergies to</b> _____			
<b>Medications taken regularly:</b>			
<b>Dosage</b>	_____	<b>Medication</b>	<b>Frequency</b>
_____	_____	_____	_____
<b>Dosage</b>	_____	<b>Medication</b>	<b>Frequency</b>
_____	_____	_____	_____
<b>Dosage</b>	_____	<b>Medication</b>	<b>Frequency</b>
_____	_____	_____	_____
<b>Other information needed in event emergency medical</b> _____			

**Insurance Coverage**

<b>Primary Insurance Policy</b>	_____
_____	_____
<b>Copy of Insurance card (front and back)</b>	

**Emergency Contact Information**

<b>Parent/Guardian Name &amp; Home Phone</b>	_____
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