

FBC Middleburg Student Ministry Consent Form

Student's Name _____ Age _____ Date of Birth _____

Address _____ Phone _____

School _____ Current Grade _____ T-shirt Size _____

To whom it may concern:

We hereby give our permission for _____
Student's Name

To attend and participate in ALL ACTIVITIES sponsored by the STUDENT MINISTRY OF FIRST BAPTIST CHURCH from January 1, 20__ to December 31, 20__.

We agree to hold harmless and indemnify FIRST BAPTIST CHURCH, it directors, employees and agents, for any liability sustained through the willful, intentional, or negligent acts of the participant. Furthermore, we assume all risk for ourselves, or our child, of personal injury, sickness, death, damage, and expenses as a result of participation in the activities sponsored through the STUDENT MINISTRY OF FIRST BAPTIST CHURCH.

We hereby authorize any adult in whose care the minor has been entrusted, to consent to any and all types of medical diagnosis and/or treatment, and/or hospital care. We assume responsibility for any medical bills incurred.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we hereby assume all transportation costs.

_____/_____/_____/_____/_____
Parent or Guardian Signature Date Home Phone Cell Phone Work Phone

Parent e-mail address _____

Emergency Contact _____ Relationship _____ Phone # _____

Insurance Company _____ Policy# _____

Physician _____ Physician's Phone # _____

Please initial if you are agreeing with the following:

_____ I will allow my child to be treated with over the counter medications for minor illnesses such as headache, diarrhea, etc. (i.e., Tylenol, Pepto-Bismol, Aloe Vera, etc.)

_____ I give my permission for videos or photos containing images of my child to be used for promotional purposes. I acknowledge that fees will not be paid for such use.

Please list any known allergies, illnesses, or prescription medications your child has or uses on the back of this form

NOTARY INFORMATION

The following is to be completed by the notary witnessing parent/guardian's signature

The State of _____ The County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or provided to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.