

MILL CREEK BAPTIST CHURCH

11475 Lee Highway
Fincastle, VA 24090
(540) 992-3474

PARENTAL CONSENT/MEDICAL RELEASE FORM

1. I hereby give my permission for _____
to take part in various church-sponsored activities. I further give my permission for the church sponsor(s) or representative(s) of the activities to secure needed medical treatment in the event I cannot be reached for permission. I release the church representative(s)/sponsor(s) from liability for accident(s) or injuries while participating in these activities.
2. I further understand and agree, in the event the above-named student be involved in activities deemed dangerous or unbiblical by a church representative/sponsor, I will pay his/her expenses to be sent home immediately.
3. I also consent to allow Mill Creek Baptist Church to use any photographs, video, or audio recordings taken of the above-named child during church-sponsored activities for use in promotional or fund-raising related materials.
4. Home Address: _____

5. Date of Birth: ____/____/____
6. In case of emergency, please contact:
 - a. Parent/Guardian: _____ Phone: () _____ - _____
 - b. Doctor: _____ Phone: () _____ - _____
 - c. Friend/Relative: _____ Phone: () _____ - _____
7. List known food/drug allergies: _____
8. List other allergies/medical conditions: _____
9. Medication(s) taken regularly: _____
10. Before signing and returning this form, a copy of the student's current medical insurance card must be attached. Furthermore, it is the signee's responsibility to ensure the church's receipt of any new medical insurance cards prior to the above-named student's attendance at any church-sponsored activity set to take place after a change in medical insurance policy or company.
11. I hereby understand and agree to all information given above in sections 1-3 and 10, and I verify the accuracy of the information given in sections 4-9.

Signature: _____ Date: ____/____/____

Relationship to Child: _____