

Medical Release / Parental Consent

(This form should be completed annually and a copy should be taken on each trip)

Student Name _____ Age _____ Date of Birth _____

Street Address _____ City _____

State _____ Zip Code _____ Home Phone (____) _____

School _____ Grade Level _____

1st Emergency contact phone # (____) _____ and Name _____

2nd Emergency contact phone # (____) _____ and Name _____

To whom it may concern:

The undersigned below does hereby give permission for our/my child, (print name of child) _____, to attend and participate in activities sponsored by:
Rainbow Forest Baptist Church: dated October 2010 to September 2011.

I understand that all reasonable safety precautions will be taken by the leaders of all activities, and that the possibility of unforeseen hazard does exist. I further agree not to hold Rainbow Forest Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Rainbow Forest Baptist Church.

Hospital Insurance Yes No

Insurance Company & Policy Number _____

Physician & Phone _____

List any allergies _____

List any special medical problems _____

Signature of Parent(s) / Legal Guardian

Date
