

MEDICAL RELEASE AND PARENTAL CONSENT FORM

Student Ministry
Maytown Baptist Church
September 1, 2010 - August 31, 2011

Student's Name:

Date of Birth

Address:

Phone:

Email:

Doctor's Name:

Doctor's Phone:

FATHER

Name:

MOTHER

Name:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Email:

Email:

Medical Insurance (ATTACH A COPY OF BOTH SIDES OF YOUR MEDICAL CARD)

Name of Insured

Carrier

Policy Number

Group No.

Known Allergies

List any medication or drugs taken regularly:

Local relative or friend to notify in case of any emergency and we cannot locate parent:

Name:

Home Phone:

Work Phone:

Cell Phone:

As the parent (or legal guardian), I undersigned, certify that my child, names on front, has my express permission to participate in all activities, of any nature, sponsored by Maytown Baptist Church (MBC) for the church year, **September 1, 2010 through August 31, 2011**. Knowing that MBC will always try to act responsibly, I fully release MBC, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted in our behalf against said church, representatives or staff.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church leaders to seek the care of a doctor or other health-care professional to provide the medical services he or she may deem necessary. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

By signing this document I also acknowledge that my child's photographs may be used in any responsible fashion, by Maytown Baptist church, in its sole discretion, including but not limited to publications, videos, and websites. Please check the box that applies:

Yes, you may use my child's photographs.

No, you may not use my child's photographs.

Signature of Parent or Legal Guardian

Date

State of Alabama:

County of Jefferson:

Subscribed and sworn to before me on _____
this day of _____, _____.

Notary
Seal

NOTARY PUBLIC

My Commision expires _____