

**Fifteenth Avenue Baptist Church
Parent/Guardian
Activity Consent/Medical Release**

The undersigned, being the parent or guardian of _____, gives this consent for the child or children stated above to attend official Fifteenth Avenue Baptist Church trips and functions until such time as consent is withdrawn in writing. I understand that trips are conducted with the utmost safety of children involved in mind, however, I recognize that there are inherent risks in travel and activities regardless of how well supervised. As such, I specifically hold harmless Fifteenth Avenue Baptist Church, its staff, teachers, employees, agents, and volunteers for liability other than gross negligence, specifically including any injury or loss of personal effects occasioned by third parties unconnected with the Church.

In addition, I release Fifteenth Avenue Baptist Church to use photographs or video of my child for purposes of publicity and promotion including, but not limited to, presentations, web sites, brochures and newsletters.

In addition, I provide consent to the person or persons in charge of the trip to authorize emergency medical treatment in the event that they are unable to reach me in cases of illness or injury.

Child's Information:

Home Address: _____
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Mother's Name: _____ Father's Name: _____

Family Physician: _____ Physician Phone: _____

Physician's Address: _____

Insurance Company: _____

Address: _____

Policy or Group #: _____ Subscriber #: _____

Subscriber Name: _____

Place of Employment: _____

Indicate any medication your child takes: _____

Indicate any medical conditions, limitations, or allergies of which we should be aware: _____

Consent date: _____

PARENT/GUARDIAN

PARENT/GUARDIAN

Notarization:

On this _____ day of _____, 20_____, _____
(day) (month) (year) (name of parent/guardian)
personally appeared before me in _____ County (in the state of _____)

and, in my presence, signed this activity consent/medical release form.

Name of Notary: _____

Signature: _____

Commission Expires: _____