

Dallas Baptist Church Youth and Children's Ministry

Parental Consent and Medical Release Form

Please print and complete this form and return to the
Youth or Children's Minister or the event coordinator.

Participant Name: _____ Birth-date: _____ Grade: _____

Parent's Name: _____ Work/Cell Phone: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Additional Info: _____

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent/guardian of _____ (*name of child*),

I certify and affirm that I have been completely and thoroughly informed that as a youth attending the _____ (*name of event*),

my child will participate in certain activities which carry with them a degree of risk and danger. Examples of risky or dangerous activities include **but are not limited to**: 1) physical activities, both indoor and outdoor; 2) sports, both informal and organized; 3) use of recreational equipment; 4) field trips, both on and off campus; 5) travel by automobile; 6) camping; 7) hiking; 8) activities around water, including swimming and boating; 9) adventure activities such as skiing, snowboarding, high ropes, rock climbing, etc. I acknowledge and understand that Dallas Baptist Church may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen. In consideration of my child being allowed to participate in these activities and/or use Dallas Baptist Church's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Dallas Baptist Church from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Dallas Baptist Church's equipment or facilities. By signing this document, I acknowledge that if my child injures or damages property during my child's participation in these activities, I am liable for those damages and/or injuries.

I understand that my child is to be picked up promptly at the end of an event. I understand that my child or the adult in charge of the event will try to contact me if my child has not been picked up within 15 minutes after an event has concluded. If I cannot be reached, I give my permission for a **child safety screened adult** to give my child a ride home. **Initial _____ for authorization.**

In cases of emergency, I give authorization to seek medical attention at a hospital or other medical facility. I consent to the examination or treatment of my child by a physician duly licensed to practice medicine, or any health care professional duly licensed to provide health care services for medical care and services deemed necessary by Dallas Baptist Church, its agents, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform Dallas Baptist Church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while on the Youth or Children's Ministry Events or Activities. Should the need for any medical attention arise, Dallas Baptist Church, will attempt to contact me as soon as practical under the circumstances.

I have fully informed myself of the contents of this Parental Consent and Medical Release Form by reading it before I signed it.

As a participant, I, _____ (Name of Child or Youth) agree to meet the following policies and expectations:

I will abstain from the use of alcohol, tobacco or drugs of any kind.

I will not use foul or offensive language.

I will wear appropriate clothing for the activity. (No skin showing from shoulders to thighs, no boxers showing, no offensive language on clothing.)

I will respect others and their property .

I understand that the person(s) in charge of the activity have the final say in any matter.

I will behave in a manner that is expected of a Christian person.

I understand that if I do not meet these expectations, my parents or guardians may be called and I may be asked to leave the activity. If this situation occurs, I understand that my parent/guardian must be present at any future activity in which I participate, until an agreement has been reached with myself, the Youth and Children's Minister, and my parents/guardians.

Participant Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____

(For office use only)

Form Received: _____

Amount paid: _____ Date: _____ Check #: _____

Balance Due: _____ Date: _____ Check #: _____

Additional Information: _____

Health Insurance Information

Hospital Insurance: Yes _____ No _____ Policy Number: _____

Insurance Company: _____

Hospital Preference: _____

Allergies: _____

Medications (Include dosage and when taken): _____