



Parental Consent/Medical Treatment Form

I, the undersigned parent or legal guardian of _____, a minor, hereby acknowledge that said minor, has my express permission to participate in the activities of the Student's/Children's Ministry of Meadowbrook Baptist Church ("MBC"). I do hereby grant permission for MBC to provide transportation to my student for any and all authorized church activities in church owned or non-church owned vehicles. In the event of an emergency, I authorize MBC or its representatives, adult sponsors of student/children's activities, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician and or surgeon 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.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I also agree to fully release and hold harmless Meadowbrook Baptist Church, its ministers, employees and other workers, paid or volunteer, or their heirs and assigns, from any and all claims, costs, liabilities, expenses of any kind or causes of action which may arise from the decision of the church, minister, worker, or other representative, out of the treatment of any sickness or accident incurred by my said child while participating in activities of Meadowbrook Baptist Church.

I so release, acquit and forever discharge Meadowbrook Baptist Church, their personnel and officers, chaperones and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to activities of MBC's Student/Children's ministry. I acknowledge that this is a full and complete release of all injuries and damages that the above named minor may sustain as a result of participating in the church sponsored activities for which said minor has my express permission to participate.

I further give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with MBC's student/children's ministry, to be used with MBC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purpose.

(Please print the following information)

Name of Participant: _____

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Emergency Contact #'s (List Name & Numbers) _____

Special Medical Information/Allergies and any other important information: _____

Insurance Company or Group: _____ Policy Number: _____

Signature of Parent or Guardian: _____ Date: _____