

PARENTAL CONSENT & MEDICAL RELEASE

I grant my child consent to participate in and be transported to and from the activities and events of the Student Ministry of New Liberty Baptist Church, Garland, Texas. I understand that New Liberty does not provide any Accidental or Medical Insurance and that I am financially responsible for all such expenses whatsoever. I am also aware of all the inherent dangers of my child's participation and the risks involved (including death) in these activities. I agree on behalf of myself, my child, executors and heirs to release, indemnify and hold harmless New Liberty Baptist Church, its staff, employees and volunteers from any and all liability, damages or claim of any nature arising out of or in any way related to my child's volunteer activities including any act of omission of any third party.

I understand that, in the case of emergency, New Liberty staff and volunteers will make every effort to contact me and/or the contact person(s) named below. However, should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I grant permission to New Liberty Baptist Church staff, employees and/or volunteers to obtain emergency medical attention in case of sickness or injury to my child.

Further, I grant permission for an attending, licensed physician or hospital to administer any necessary medical care to preserve the welfare of my child. I acknowledge full responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my student's travel home because of illness or disciplinary reasons.

I understand that New Liberty Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during church sponsored activities and events. In consideration for allowing my child to participate in said activities and events, I consent to my child's photograph, likeness or image being used by New Liberty in video presentations, publications, promotions, on their web site or in any other lawful manner.

I submit this consent as valid for all activities and events during 2011. If I choose to revoke this consent/release, I must do so in writing.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

Contact Information			
Student Last Name		Student First Name	
-	-		
Date of Birth	Age	School Grade	
Parent/Guardian Last Name		Parent/Guardian First Name	
Home Phone	Parent/Guardian Cell Phone	Parent/Guardian Work Phone	
Address, City, State, Zip Code			
In Case of Emergency, Contact:			
Last Name		First Name	
Phone Number		Relationship to Student	
Medical Information			
Family Insurance Company		Policy Number	
Name of Policy Holder			
Name of Family Physician			
Family Physician's Address, City, State, Zip Code			
Family Physician's Phone Number		Date of Student's last Tetanus Shot	
Does student have any chronic medical or health problems that should require restriction of his/her activity? If yes, please explain:		Y	N
Does student regularly take any prescription medications? If yes, please list medication & dosage:		Y	N
Does student have ANY known allergies? If yes, please describe:		Y	N

Contact Information			
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-	-		
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Home Phone	Parent/Guardian Cell Phone	Parent/Guardian Work Phone	
Address, City, State, Zip Code			
In Case of Emergency, Contact:			
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