

Parental Consent Form

Student Ministries - First Baptist Church Lake Alfred

280 E. Pierce Street Lake Alfred FL 33850 863-956-1477

Noel Ortiz (Interim Student Director) 289-9437

Participants' Full Name: _____

Age: _____ **Birth Date:** _____ **Current School Grade:** _____
Month/Day/Year

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone # _____ **Or** _____

Name: _____ **Relationship:** _____

Phone # _____ **Or** _____

Currently taking medications (list ALL) _____

List all allergies _____

I (we) authorize an adult, in whose care the above mentioned minor has been entrusted, to consent to any Xray examination, anesthetic, medical, surgical or dental diagnosis and/or treatment, including hospital care, to be rendered to said minor.

The undersigned shall be liable and agrees to pay all expenses incurred in connection with such medical and/or dental services rendered to the aforementioned minor pursuant to this authorization.

I hereby release **First Baptist Church Lake Alfred**, its staff and volunteers from any and all liability in the case of accident or injury to my (our) minor child listed above. I understand precautions will be taken to ensure my child's safety and well being.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending this event sponsored by **First Baptist Church Lake Alfred**.

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____