

Consent and Release Form for Church Sponsored Activities—2011-2012

Marshall Baptist Church
5739 Old Rural Hall Rd.
Winston Salem, N.C. 27105
Phone (336)767-2595

I, hereby consent for my minor child, (Name) _____
To attend and participate in activities of Marshall Baptist Church. I GRANT permission for a photo/image/video that includes this child to be published on the website of Marshall Baptist Church. I do authorize the adult sponsor of the church to make any necessary emergency medical decisions for my child. This includes first aide, hospitalization, medical treatment and transportation of my child to and from hospital if needed. I understand I will be contacted as soon as possible about injuries and or treatment to my child at one of the following numbers.

Emergency Numbers: Cell _____ Home _____
 Pager _____ Other _____

Child's Information:
Social Security # _____ - _____ - _____

Complete Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Weight _____

Family Physician _____ Phone # _____

Insurance Provider _____ Policy/Group Number _____

Complete Billing Address _____

City _____ State _____ Zip _____

Medical conditions/ Allergies to be aware of: _____

Physical restrictions: _____

Date of last tetanus or booster: _____

I further state I have carefully read and understand the foregoing release and know the contents hereof are true and I sign this release as my own free act. I understand this is a legally binding agreement.

Date Signed: _____

Signature of parent or Legal Guardian