

Parental Consent & Release Form

I (we), parent(s) or guardian(s), give permission for my child to participate in the following church activity:

DATE: _____ PLACE: _____

NATURE OF ACTIVITY: _____

TYPE OF TRANSPORTATION: Church bus, van & any other needed

SPONSOR OR CO-OPERATING ORGANIZATION: _____

NAME OF CHILD: _____

In consideration of Arlington Baptist Church allowing my child to participate in _____, I(we) release Arlington Baptist Church and each of its individual agents, and the co-sponsoring organization, if any, from any and all liability for personal injury to, or caused by, my child, and for all property damage. We assume all risk of such injury or damage and will hold Arlington Baptist Church harmless from all loss and damage whatsoever.

In case of an emergency, I(we) understand that every effort will be made to contact me(us). If such contact is not possible, I(we) give Arlington Baptist Church permission to act seeking emergency medical treatment for such a child in the event that such treatment is deemed necessary by Arlington Baptist Church. This permission is also directed to those administering emergency treatment, using such measures as they deem necessary. I absolve Arlington Baptist Church from liability in acting in this regard.

SIGNATURE OF PARENT(S) OR GUARDIAN(S):

INSURANCE CO. _____ POLICY NO. _____

PARENT PHONE _____

If parents are not available call the relative listed below:

NAME: _____ PHONE _____

NAME: _____ PHONE _____

Medical History: Please list any current or past medical conditions that we need to be aware of and any medications currently being taken.

