

PARENT CONSENT – MEDICAL RELEASE

Hampton First Baptist Church Sponsored Activity

Student's Name: _____ Age: _____
(Please Print)

Address: _____ Zip: _____

Parent's Name: _____

Home Phone # _____ Parent Work Phone # _____

I (We) hereby give our approval for _____
(Student's Name)
to be attending any Hampton First Baptist Church sponsored activity.

We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the Hampton First Baptist Church, the organizers, sponsors, and supervisors from any and all loss, or other damage to us or the above named child arising out of the trip. In the case of injury to the child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities. We also understand that as a participant in church activities my student may be photographed or videotaped and these photos/videos may be used in promotional materials.

(Date)

(Signature of Parent/Guardian)

To the attending physician or hospital:
Permission is hereby granted for you at the discretion of the adult sponsor present to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

(Date)

(Signature of Parent/Guardian)

INSURANCE INFORMATION

Name of Insured: _____

Name of Insurance Company: _____

Policy # _____ **Social Security #** _____

Insurance Company Address: _____

*****If you have an insurance card it would be helpful to make a copy to attach to this form.**