

Parental Consent and Release From Liability Form

Name _____ Age _____ Birth date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

School _____ Grade Completed _____

Parent(s) Business phone _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child _____, to attend and participate in the youth or children group activities sponsored by Portside Baptist Church from January 1,2008 through December 31,2008. We (I) do hereby release, forever discharge and agree to hold harmless Portside Baptist Church and its employees and agents from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be participating in the above described activities.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, weather such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) 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 our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by Portside Baptist Church.

Hospital Insurance Yes _____ No _____ Date _____

Insurance Company _____
(Please include copy of insurance card front & back)

Policy Number _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Emergency Phone Numbers _____

*On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank You.