

Merlin Community Baptist Church

2018 January, February, March
Parent Permission - Medical Release Form
(PLEASE PRINT CLEARLY)

Student Name: _____ Age _____ Grade _____

Date of Birth: _____ Home Telephone Number: _____

Student Cell Number _____ Student Email _____

Mom or Guardian's Name and Cell Phone _____

Dad or Guardian's Name and Cell Number _____

Parent or Legal Guardian Email _____

Address: _____
Street City State Zip

- a) **The Inherent Risks Of Church Activities:** Every activity sponsored by **Merlin Community Baptist Church** is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks. By signing this form, the undersigned agrees to assume and accept all risks and hazards inherent in church-related activities.
- b) **Permission To Participate In Various Activities:** We (I), the undersigned, give permission for my (our) child (ward) to participate in the activities that occur at **Merlin Community Baptist Church** or while on activities sponsored by **Merlin Community Baptist Church**. These activities include, but are not limited to, swimming in pools, the ocean, lakes and rivers, water activities, boating, Hiking, paintball, waterskiing, snow skiing, water boarding, snowboarding, ice skating, camping, target practice, gun safety and strenuous competition games. I grant this permission with full knowledge that I accept the responsibility for any injury or accident that may occur. I also warrant that my (our) child (ward) is capable of safely participating in all activities or events.
- c) **Permission For Medical Treatment:** We (I) authorize an adult, in whose care my (our) child (ward) has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- d) **Agreement To Pay For Medical Treatment:** 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 (ward) pursuant to this authorization.
- e) **Permission For Transportation:** The undersigned does also hereby give permission for my (our) child (ward) 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 **Merlin Community Baptist Church**.
- f) **Agreement To Pay For Transportation:** Should it be necessary for my (our) child (ward) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- g) **Release Of Liability:** The undersigned does also hereby voluntarily waive any claim against **Merlin Community Baptist Church**, its denomination, all leaders of **Merlin Community Baptist Church** and the owner and/or driver of the car or bus in which my (our) child (ward) is to receive transportation to the activity/outing for any and all causes which may arise in connection with the said trip or any phase or part thereof.
- h) **Effective Time Period Of This Consent:** This consent and permission shall remain effective until revoked in writing by the undersigned.
- i) **Photo/Video Release:** I irrevocably authorize the **Merlin Community Baptist Church** to copy, exhibit, publish or distribute any and all images and audio of my child, for the purposes of publicizing **Merlin Community Baptist Church** for any other lawful purpose. I waive any right to inspect or approve the finished product wherein my child appears.

This authorization shall remain effective through **December 31, 2018** unless revoked in writing to said agent(s).

(OVER)

Date _____
(Signature of Parent or Legal Guardian)

Date _____
(Printed name of Parent or Legal Guardian)

Doctor _____
Name City Telephone #

Medication _____
(Indicate any medication taken on a regular basis)

Insurance Carrier _____ Policy No. _____

Group No. _____

Parent Work Name _____

Parent Work Phone Number _____

Neighbor or nearby relative _____
(Name) (Phone #)

Allergies to any medicine or foods _____

Can your student be given over the counter medications? (Tylenol, Benadryl, Ibuprofen, Tums) **Yes No**

PLEASE LIST IMPORTANT MEDICAL INFORMATION BELOW (medications, special medical needs)

MCBC Kids 2018

It Is The Parents Or Guardians Responsibility To Inform The Church If There Is Any Changes Or Updates To This Parent Permission - Medical Release Form

April –June _____ Date _____
The information listed above has not changed.

July—September _____ Date _____
The information listed above has not changed.

October—December _____ Date _____
The information listed above has not changed.