

MEDICAL RELEASE / PARENTAL CONSENT

Statement of Parental Consent:

I _____ hereby authorize my
son/daughter _____ to participate in all aspects of
any program sponsored by Northwest Student Ministries for the 2010 calendar year.

Student Information:

Address _____
City _____ State _____ Zip _____
Phone: _____

Medical Release:

I further agree that the leaders are duly authorized to obtain professional medical and / or hospital care for any and all types of medical / surgical emergencies that may arise or occur during the Youth Trip / Function.

This agreement authorized any licensed hospital or professional to render medical / surgical care as deemed necessary for the emergency. My insurance company provides for hospital expenses and / or medical expenses. I further understand that I am responsible for any financial obligations that are not covered by my / our insurance carrier.

Insurance Carrier: _____

Policy #: _____

Contact Name: _____

It is further my understanding that the necessary precautions and plans for care and supervision during this event will be observed. Beyond this point, I will not hold the Northwest Baptist Church or its leaders responsible.

My son / daughter has the following condition(s) / allergies of which the leaders should be aware:

Other information or restrictions of which the leaders should be aware:

I hereby agree to the above:

(Signature of parent / guardian)

(Date)

In the event of an emergency, I may be reached at the following phone numbers:

Father / Guardian Daytime: _____ Evening: _____

Mother / Guardian Daytime: _____ Evening: _____

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