

Germantown Baptist Church
9450 Poplar Avenue, Germantown TN 38139

Child's Full Name: _____ Date of Birth: _____ Gender: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Child's Medical Insurer: Health Plan: _____ Policy # _____

Child's Allergies/Medical Conditions: _____

List Any Medicines, including Vitamins Your Child Needs to Take When Attending Church Events (Medicines must be clearly marked with the Child's Name and with Instructions stating the Times and the Dosage to be taken; and placed in a Zip Lock Bag. No one will be permitted to take any medication (pill, liquid, injection) unless it is listed: _____

Identify Any Specialty Needs of Your Child that the Church should be aware of: _____

Please make sure your Child is free from fever or illness at least 24 hours prior to attending Church Events and Activities.

Child's Primary Care Physician: _____ Telephone: _____

Physician Address: _____ Preferred Hospital: _____

Mother's Name: _____ Telephone No. _____ (cell) _____

Father's Name: _____ Telephone No. _____ (cell) _____

List Two Persons, other than Parents, that may be contacted in case of emergency:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

PARENTAL CONSENT/ WAIVER OF CLAIMS

1. I authorize and give permission for my Child to participate in the events and activities that are provided, sponsored, offered, or made available by Germantown Baptist Church ("Church") for my Child, both on and off the Church's premises, and for my Child to travel in a Church provided vehicle, if available, to the Church's events and activities. If my Child does not have parental or legal guardian permission to participate in any specific Church event or activity or to travel in a Church provided vehicle, I agree that it is the responsibility of the parent(s) or legal guardian to prohibit my Child from attending the event or activity and from traveling in a Church provided vehicle.

2. In consideration for my Child being allowed to participate in the Church's events and activities and to travel in a Church provided vehicle, I, individually and on behalf of my Child and each of our next of kin, hereby release, discharge, hold harmless, and agree to indemnify the Church, its officers, staff, employees, agents, members, supervising adults, and volunteers assisting with the Church's events and activities, of and from any and all claims, fault, suits, and liability for any injuries, illnesses, property loss or damage, expenses (including but not limited to attorney fees), and any other damages that my Child or I or our next of kin may suffer or incur arising out of or during or in any way related to or connected with the Church's events and activities and travel associated with any Church event and activity.

3. I agree that I and my Child are bound by the rules of participation and conduct that may be established by the Church, its staff, employees, agents, members, supervising adults, and volunteers assisting with any of the Church's events and activities.

4. I give permission to the Church, its officers, staff, employees, agents, members, supervising adults, and volunteers responsible for or assisting with the Church's events and activities to inspect my Child's room, luggage, and clothing, or take any other action, which he or she considers reasonable and appropriate for the safety or welfare of my Child or other participants.

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

1. I acknowledge that my Child may experience illnesses or injuries during, while participating in, attending, or in connection with events and activities that the Church provides, sponsors, offers, or makes available for my Child, including events and activities both on and off the Church's property and associated travel.
2. I hereby request, direct, appoint, and authorize the Church's Designee, which includes the children's/student ministry staff, or any other Church staff member, supervising adult, or volunteer who is assisting with or available during any Church event or activity, to administer general first aid for any injuries or illnesses to my Child and to arrange for, and consent to, general medical care and emergency medical and hospital treatment, including dental treatment and blood transfusions, and to arrange transportation for any such medical treatment whenever the Church Designee(s) considers that first aid, medical or emergency treatment is appropriate for my Child.
3. This authorization is given in advance of any medical treatment to provide authority and power on the part of the Designee to take the authorized action in the exercise of his or her judgment.
4. I authorize and consent to the medical and hospital treatment of my minor Child by the physician, hospital and other health care provider to which the Child is taken by the Church Designee, including but not limited to the medical and hospital treatment which the treating physician or other health care provider deems necessary for any condition that may endanger my Child's life or may cause disfigurement, physical impairment, or undue discomfort if treatment is delayed.
5. No guarantees have been made to me as to the effectiveness of any first aid, medical, hospital or other treatment furnished to my Child; and I (not the Church or its Designee) am responsible for all reasonable charges for any medical, hospital or other care and treatment furnished at the request of the Church and its Designee.
6. This Authorization is effective on the date it is first signed and for twelve months thereafter.
7. I have voluntarily completed and signed this Authorization for the purpose of authorizing the Church Designee to consent to medical treatment, transportation for the treatment, and the disclosure of my Child's allergies and medical information to any treating physician, hospital or other health care provider to which my Child is taken for treatment.

You need to sign this document in the presence of a Notary Public. A Notary Public is available at the Church during office hours, Monday – Friday 8:30 a.m. – 5:00 p.m.

*Signature: _____ Print Name: _____

Your Relationship to the Child: _____ (Mother/ Father/Custodial Parent, Legal Guardian)

Address: _____

Phone: Home _____ Work _____ Cell _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF TENNESSEE
COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____, to me personally known to be the person who executed this instrument, and who upon acknowledged the accuracy of the information stated in this instrument; that he/she is authorized to execute this PARENTAL CONSENT/ WAIVER OF CLAIMS AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT; and that he/she is doing so freely and voluntarily for the purposes stated in this instrument.

My Commission Expires:

Notary Public