

Stonington Baptist Church

Stoningtonbaptist.org

Parental and Medical Consent Form

For completion by the parents/guardians of all participants under the age of 18

Child Name: _____ Date of Birth: _____

Parent Name: _____ Parent Primary Phone: _____

Address: _____

Parent E-mail: _____ Parent Secondary Phone: _____

Emergency Contact other than Parent: _____ Relationship: _____

Emergency Contact Primary Phone: _____ Secondary Phone: _____

Local Hospital Preference: _____

Health Insurance Information

Company: _____ Policy Type: _____

Insurance Phone: _____ Policy #: _____

(Participants leaving the U.S. are required to have insurance coverage outside the U.S.)

Medical Information

List all Prescription medication(s) needed on the project: _____

For what condition(s): _____

Date of last tetanus shot (this must be within the last ten years): _____

List any physical disabilities or limitations: _____

List any known allergies (drugs, foods, environment, insect stings, etc.): _____

List any major illnesses in the past year: _____

Has your child fainted or passed out? _____ When? _____

2113 Hosta Road, Paxinos PA 17860 – Phone: (570) 286-0105

Rev Bradley J Gray, Senior Pastor – Email: bgray@stoningtonbaptist.org

Eric Attinger, Administrative Pastor – Email: eattinger@stoningtonbaptist.org

Stonington Baptist Church
Stoningtonbaptist.org

Why? _____

Does your child have any eating disorders?

Consent, Release From Liability, and Permission for Treatment

I _____ (parent or guardian) hereby acknowledge that it is my desire for _____ (my child) to participate in church-sponsored events at Stonington Baptist Church, including activities on and/or away from the church premises as well as transportation to and from such activities. I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I, my heirs, distributees, guardians, legal representative, or assigns I now have or may hereafter have release from liability Stonington Baptist Church for any injuries or damages resulting from acts, howsoever caused by such church officers, employees, agents and board of deacons, before or during my participation in such church sponsored activities on and/or away from the church premises, including transportation to and from such activities, and legal actions will not be directed toward Stonington Baptist Church or its representatives.

In an emergency, illness, injury, or accident which requires medical attention, I give my permission to Stonington Baptist Church, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physician's assistants, doctors and paramedics) for my child to receive medical treatment, to hospitalize, anesthetize, or perform surgery. I understand that every effort will be made to contact me before these actions are taken. I, the undersigned, do release, acquit, discharge and covenant to hold harmless Stonington Baptist Church, and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation in activities. It is the intention of this release that Stonington Baptist Church and its representatives incur no liability whatsoever while attempting to meet all medical needs that my child may require.

I grant to Stonington Baptist Church, its representatives and employees the right to take photographs of me (my child) in connection with church sponsored activities and authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Stonington Baptist Church may use such photographs with or without my name for any lawful purpose, including publicity, illustration, advertising, and Web content.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PERMISSION FOR TREATMENT AND I SIGN IT OF MY OWN FREE WILL.

This consent for treatment and release from liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of Stonington Baptist Church.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____