

# First Baptist Middleburg Ministry Consent Form

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt./Unit # City State Zip

School \_\_\_\_\_ Current Grade or Just Completed \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

## Please initial if you agree to the following.

\_\_\_\_\_ I will allow my child to be treated with over-the-counter medications for minor illnesses such as headache, diarrhea, etc. (i.e., Tylenol, Pepto-Bismol, Aloe Vera, etc.)

\_\_\_\_\_ I give my permission for videos or photos containing images of my child to be posted on *FIRST BAPTIST MIDDLEBURG's* social media pages.

*Please list any known allergies, illnesses, or prescription medications your child has or uses on the back of this form.*

## To whom it may concern:

We hereby give our permission for \_\_\_\_\_  
Participant's Name

To attend and participate in *ALL ACTIVITIES* sponsored by *FIRST BAPTIST MIDDLEBURG* from January 1 to December 31 of the current year.

We agree to hold harmless and indemnify *FIRST BAPTIST MIDDLEBURG*, its directors, employees, and agents, for any liability sustained through the willful, intentional, or negligent acts of the participant. Furthermore, we assume all risk for ourselves, or our child, of personal injury, sickness, death, damage, and expenses as a result of participation in the activities sponsored through the *MINISTRIES OF FIRST BAPTIST MIDDLEBURG*.

We hereby authorize any adult in whose care the minor has been entrusted, to consent to any and all types of medical diagnosis and/or treatment, and/or hospital care. We assume responsibility for any medical bills incurred.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we hereby assume all transportation costs.

## **IMPORTANT - MUST BE SIGNED IN PRESENCE OF NOTARY**

\_\_\_\_\_ Date \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent or Guardian Signature

## NOTARY INFORMATION

*The following is to be completed by the notary witnessing parent/guardian's signature.*

The State of Florida, The County of \_\_\_\_\_

The foregoing instrument was acknowledged before me via physical presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_  
Parent or Guardian Printed Name

Personally Known \_\_\_\_\_ OR Identification Produced \_\_\_\_\_

Notary Seal:

Notary Public, Signature \_\_\_\_\_