

PARENT'S CONSENT/MEDICAL RELEASE

Child's Name _____ Shirt Size _____
Address _____
Phone _____ Birth Date _____
Insurance Company _____ Group No. _____
Primary Insured's Name _____ I. D. No. _____
Policy No. _____ Doctor's Name _____
Doctor's Phone _____ Emergency person and phone _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: _____

I hereby give permission for the above named minor child to participate in the **Hibernia Baptist Church – Children's Ministries**. In my capacity as parent/guardian, I hereby waive any right I or said minor child, may have to sue Hibernia Baptist Church or any of their employees as a result of any and all injuries, damages, or losses sustained by the above mentioned minor while participating in any related activities or excursions. I further agree to hold Hibernia Baptist Church and any of their employees harmless and bear the cost of their legal defense if any suit or legal or equitable action is brought against any of them as a result of any and all injuries, damages or losses suffered by the above mentioned minor while participating in any activities or trips related to it.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor bearing this document to act in loco parentis, as provided by Florida Law, to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

I give permission to use pictures or media in which my child may appear for brochures, flyers or other promotional literature both electronic or published and used by the church.

Parent/Guardian MUST sign in front of Notary Public Date

NOTE - Notarize ONLY if leaving State or City!

STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____ 20 ____ by _____ <input type="checkbox"/> PERSONALLY KNOWN TO ME <input type="checkbox"/> PRODUCED AS IDENTIFICATION _____ Type of Identification

AFFIX
NOTARY SEAL

Notary Public, State of Florida at Large