

New Hope Baptist Church Medical Release Form

Parental Consent Form/Responsibility Clause

Must be signed and stamped by Notary

Student Name

Parent's Name

Address

Parent Work Num

City, St, ZIP

Email Address

Home Phone

Parent's Address

Student D.O.B.

Parent City, St, Zip

Emergency Contact Information:

Contact Name

Contact Phone

Insurance Information:

Insurance Comp

Policy Number

Medical Information

Medications/
Dosages

Allergies/Allergic
Reactions

Major Surgery in
the past year

Acute/Chronic
Medical Condition

Physical condition
(s) that may limit
activities:

By signing below, you agree that...

In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in a New Hope Baptist Church event. It is understood that New Hope Baptist Church personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions. I understand that New Hope Baptist Church cannot assume responsibility for medical expenses incurred in case of accident. I relieve New Hope Baptist Church, its ministers and counselors from any liability with regard to my child.

Parent Signature _____

Date _____

Student Relation _____

Notary Signature _____

Notary County of Residence _____ **Term Expires** _____

This form expires one year from the date of parental/guardian signature.