

First Baptist Church of Durango Youth Group

Consent Form

PLEASE PRINT

Name Of Participant: _____
Last First Middle

I, the undersigned parent or guardian of _____, a minor, do hereby authorize permission to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above student. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious way possible. If contact is not made, the treatment necessary for the best interest of the above named student may be given.

Insurance Company or Group: _____

Policy Number: _____ Birthdate Of Student: _____

Name(s) of Parent(s) or Guardian(s): _____

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone Number: _____

Allergic to any drugs or medicines (please list them):

Any health problems we should be aware of (asthma, diabetes, etc.):

Is the student currently on any medication?

I authorize my son/daughter to participate in all activities, including any transportation provided by First Baptist Church. The undersigned further releases First Baptist Church (and any partnering parties) from any and all actions, causes of action, liability, claims and demands upon or by reason of any damages, loss, injury or suffering which may occur. First Baptist Youth Group will do its utmost to run a safe program. I also authorize any photos and video taken of my child for use in any Youth Group promotional material.

My signature confirms that I agree to the above statements and that all of the information given above is accurate.

Signature of Parent or Guardian: _____ Date: _____