

Minor Participation Authorization, Consent to Emergency Medical Treatment Form and Photo/Video Notice

(This form should be completed annually, and a copy should be taken on each trip.)

Participant's Name _____ Date of Birth _____

Address _____ Phone # _____

Does the Participant have any medical or physical conditions that could limit his/her ability to participate in any event? If yes, please specify: _____

Medicines or substances to which the Participant is allergic: _____

Date of last tetanus shot _____ Does she/he suffer from nosebleeds? YES NO

Does Participant wear contact lenses or glasses? _____ (which) _____

Is Participant currently taking any medications? _____

Health Insurance Carrier: _____ Policy # _____ Subscriber _____

Emergency Contact _____ Relationship _____

Day Phone # _____ Night Phone # _____

Additional Emergency Contact _____ Relationship _____

Day Phone # _____ Night Phone # _____

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child"). I hereby give my consent to have my minor child participate in increased risk and off-site events of Buck Creek Baptist Church.

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release Buck Creek Baptist Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activities and agree to save and hold harmless Buck Creek Baptist Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

Custodial Parent Signature _____ Date _____

Day Phone # _____ Night Phone # _____