

Consent & Release Form for First Baptist Church of Stryker 2021-2022

Child's Name _____ Birthdate ____/____/____ Grade _____

Address _____ State _____ Zip _____

Parent/Guardian Name(s) _____

First Hospital Choice _____ Phone: (____) _____

Second Hospital Choice _____ Phone: (____) _____

Family Physician _____ Phone: (____) _____

Allergies _____

Medications _____

Activities my child is not allowed to participate in _____

IN CASE OF EMERGENCY, CALL

Name _____ Relationship _____ Phone (____) _____

Two adults other than parents that could be reached if parents/guardians are unavailable:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

INSURANCE INFORMATION

Company's Name _____ Phone (____) _____

Policy Number _____ Group Number _____

PERMISSION GRANTING CONSENT

I give permission: (1) for my child to participate in any activities that First Baptist Church of Stryker (FBCS) offers to my child (2) for my child to travel to and from activities in accordance with church policy (3) my child to receive emergency medical treatment while under the care of FBCS. (4) to take and use my child's (or my) image in promotions such as, but not limited to: printed materials, websites, press releases, and video. I understand my child's (or my) image will be used in a tasteful, professional and God-honoring manner. Parents/guardians who have concerns with this, please contact the church office at (419) 682-3551.

I understand that First Baptist Church of Stryker, or any member of staff or volunteers, cannot be held liable for accidents or injuries incurred during any activities. Furthermore, the adult in charge is authorized to make any emergency decisions requiring medical attention. I understand that I am responsible for health insurance for my child and will be responsible for any and all costs incurred for seeking medical attention on their behalf. Also, as parent/guardian of my child, I assume responsibility for how he or she will get to and from church functions.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____