

St. John's/St. Martin's 2017-2018
PARENT CONSENT FORM
INSURANCE WAIVER

I (We) hereby give our approval for _____ to attend all activities at St. John's Baptist Church which may be scheduled during as part of Children's Ministry Activities from June 12, 2017-June 10, 2018. Children's Ministry Activities include VBS and Summer Camps.

I (We) assume all risks and hazards incidental to the conduct of children's activities and during transportation which is incidental to children's activities. I (We) do hereby release, absolve, indemnify and hold harmless the St. John's Baptist Church (and St. Martin's Episcopal Church for VBS), its employees, volunteers, members, participants, organizers, sponsors and supervisors for any and all loss or injury caused to or by the above named child. In case of injury or accident I (we) hereby waive all claims against St. John's Baptist Church, (St. Martin's Episcopal Church for VBS) the activity organizers, the volunteers, the sponsors, or any of the supervisors appointed by them. I (We) likewise release from responsibility any person transporting our child to and from the camp activities.

Date: _____

Parent or Guardian – Signature

Signature of one parent or guardian shall be deemed to present consent of all of this waiver.

Physician to contact: _____

Name

Phone

To the attending Physician or Hospital:

Permission is hereby granted for you at the sole discretion of Allison Benfield, Lillian Richards or any designated adult supervisor from St. John's Baptist Church or St. Martin's Episcopal Church to perform whatever care is necessary for the welfare of the above named child until such time as you are able to reach the emergency contact person(s) names below.

Date: _____

Parent or Guardian – Signature

List known allergies: _____

List all prescription drugs taken by the child: _____

List any special diagnoses your child has so we can work to make this a positive experience for your child: _____

Parent-Name _____

Phone #'s(home) _____ (work) _____ (cell) _____

Email Address _____

Emergency Contacts-

Name(s) _____

Phone #'s

(home) _____ (work) _____ (cell) _____

Photograph/Image Waiver

I (We) give permission to St. John's Baptist Church and St. Martin's Episcopal Church to use my child's image in promotional materials and/or website and social media images.

Parent Signature