



2020-2021 PARENT/GUARDIAN CONSENT & RELEASE

(For Children Ages 0-17, including emergency medical treatment for all children under age 18)

Complete one form per child. Please print.

Child's Name: _____
last first (nickname)

Date of Birth: ____/____/____ **Age:** ____ (indicate months for children under 2 years)

Please Select One: Male Female **School Grade (2020-2021):** _____

Parent/Guardian Name: _____
last first

Address: _____
street city state zip-code

Home Phone: (____) ____ - ____ **Parent Mobile:** (____) ____ - ____

This is to certify that my relationship to the above-named minor is: (check as applicable)

_____ One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

_____ I am the sole custodial parent.

_____ I am the legal guardian (proof of guardianship provided)

Emergency Contact Name: _____
last first

Emergency Contact Phone: (____) ____ - ____ **Relationship to Child:** _____

Please fill in the information below as it pertains to the above-mentioned child or mark "N/A" if not applicable:

Any Special Needs: _____

Allergies (please list them below):

Medications: _____

Food: _____

Environmental: _____

Medications: _____

Dietary Restrictions: _____

Activity Restrictions: _____

Is the Child Insured: Yes No Name of Insurance Company: _____

Subscriber Name: _____ Policy Number: _____

Family Physician: _____ Phone: (____) ____ - ____

Medical Consent: I hereby consent that I am authorized to execute medical consent on behalf of the above-named child. I hereby give my consent for said child to participate in the children's and/or youth ministry programs and/or as a volunteer at Oak Grove Baptist Church and planned off-site activities. In the event of an emergency I give my permission to an x-ray examination, anesthetic, medical or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision of, and upon the advice of, a duly licensed physician and/or surgeon. In the event of an emergency, reasonable efforts will be made by representatives of Oak Grove Baptist Church to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

Photo Release: I give permission for my child to be photographed, videotaped and/or audiotaped during sponsored Oak Grove Baptist Church activities. I understand that these pictures and/or sounds may be shared with the children, church membership, and/or visiting guests including use on the church website, social media accounts and printed marketing materials. No names will be listed with pictures.

Please check here if you are NOT giving consent to photo release

Participation Consent and Release of Liability: I (and, if applicable, the child's other custodial parent/guardian) hereby consent that the child named on this form may participate and/or volunteer in (check activities):

Church/Nursery/Children's/Youth Activities

Outreach and Mission Trips

I/we understand that participation in these activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. Furthermore, I/we understand that being the hands and feet of Jesus through outreach activities and mission trips also involves a degree of risk, and that these activities may include ministering to people of all backgrounds and histories, and in unfamiliar locations. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I hereby release Oak Grove Baptist Church, its directors, employees, volunteers, and related parties from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and my child that occur while my child is participating in these activities during the period of **September 1, 2020 - August 31, 2021.**

In confirmation of the above, I sign this Consent and Release this _____ day of _____, 20_____

Parent/Guardian Name (print)

Parent/Guardian Signature

[NOTE: MUST BE SIGNED BEFORE A NOTARY PUBLIC]

State of _____

County of _____

On this date, _____, **before me,** _____

(print name and title of notary public)

_____ personally appeared before me

whom I know personally

whose identity was proved to me on the basis of satisfactory evidence, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

Seal:

Notary Public Signature

My commission expires: _____