



PARENTAL CONSENT & MEDICAL RELEASE FORM

Child/Youth and Parent/Guardian Information	
Child/Youth's Name:	Nickname:
Address:	DOB: Age:
	School: Grade:
Child/Youth's Email:	Child/Youth's Cell Phone:
Parent/Guardian Name:	Parent/Guardian Cell:
Parent/Guardian Name:	Parent/Guardian Cell:
Parent/Guardian Email:	

Insurance and Medical Information	
Insurance Co. Name, Address and Phone Number:	
Policy #:	Person Insured:
ID # on RX Card:	Is Tetanus shot up to date? Yes No
Emergency Contact (Not Parent/Guardian):	Cell:
List and explain any medical conditions or special needs your child has:	

Waller Baptist Church Terms and Disclaimer

PARENTAL CONSENT / LIABILITY RELEASE: I, the undersigned, hereby give permission for my child/youth named above to attend and participate in any Waller Baptist Church (WBC) children/youth ministry activity, event, retreat, mission or other trips away from church premises, or other church-related events, including riding in the church bus. In consideration of WBC allowing the above-named child/youth to participate in any church ministry activity/event, I do hereby release, forever discharge and agree to hold harmless WBC, its pastors, volunteers, staff, employees, and members, collectively herein the "church", from any and all liability, claims or demands for accidental 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/youth while involved in church activities. Furthermore, I, on behalf of my minor child/youth hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. And further agree to hold harmless and indemnify said WBC for any liability sustained by said WBC as a result of the negligent, willful or intentional acts of said child/youth, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I, the undersigned, do authorize and adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the said child/youth pursuant to this authorization.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and hold harmless Waller Baptist Church, its staff, employees, sponsors, representatives and leadership from any liability of personal injury, damage or loss of whatsoever kind and nature that the above-named person may sustain while participating in any activity with Waller Baptist Church, Waller, Texas, whether on church premises or at other locations under their supervision.

THIS FORM WILL REMAIN IN EFFECT UNTIL THE ABOVE-NAMED CHILD/YOUTH REACHES ADULTHOOD AT 18, UNLESS REVOKED IN WRITING BY PARENT/GUARDIAN.

Parent/Guardian Signature:	SIGN HERE: X	Date:
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State of Texas

County of _____

On this _____ day of _____, 20____ the above parent/guardian personally appeared before me and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this day.

Notary Public in and for the State of Texas

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