



## MEDICAL AND SURGICAL CONSENT FORM FOR PARTICIPATION IN Bridgewater Baptist Church - Fusion Ministry Event and Activities

By completing this form, I give my permission for my student to participate in the Bridgewater Baptist Church Ministry and Events during the 2011-2012 School Year.

I give my consent to Bridgewater Baptist Church Volunteers and Church Staff Members and those supervising my child \_\_\_\_\_ (Student's Name) to arrange for any emergency medical or dental procedures which are deemed necessary by the attending physician or dentist to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent for these procedures. I give my consent for my child participate in extreme events and games such as the Word Of Life Superbowl, Snow Camp, and Teen Summer Camps. I realize that some activities can be dangerous and can lead to injury or loss of life. I also consent that I will hold Bridgewater Baptist Church, Church Staff, and Ministry Volunteers, legally, financially, and otherwise faultless due to any injury or harm my child may receive due to an accident and/or negligence on the part of the church, staff, volunteers, or other participants.

We, the undersigned, do hereby certify that we have read and understand the above consent form and do hereby approve same.

My child has no known allergies: \_\_\_\_\_ My child is allergic to: \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_

Other Insurance Coverage: \_\_\_\_\_

Date of most recent tetanus inoculation: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_