

# Medical Consent Form

## Berachah Bible Student Ministries

Date \_\_\_\_\_

*(Please Print)*

Name \_\_\_\_\_

Grade (*Sept 10*) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Small Group Leader \_\_\_\_\_

Food Allergies (dairy, chocolate, etc.) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

IN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

ROOMATE REQUEST (one please—this is a preference not a promise) \_\_\_\_\_

### **MEDICAL RELEASE:**

The person herein described has permission to engage in all Student Ministries. I hereby give permission to Berachah Bible Church to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests in the event that I cannot be reached. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give my permission to Berachah Bible Church to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the leadership of Berachah Bible Church to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

### **LIABILITY RELEASE:**

Every activity sponsored by Berachah Student Ministries is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to release and discharge Berachah Bible Church and all employees or volunteer assistants that are related to the aforementioned group from any claims, causes of action, costs, obligations, or financial responsibility resulting from or arising out of any incident, injury or accident occurring while the minor listed is attending this particular Student Ministries event. In releasing Berachah Bible Church the parent or guardian assumes full responsibility.

The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and a liability release.

In the event that your child is injured or becomes sick, your medical insurance carrier will be the primary coverage.

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

If "yes," Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Ministries of Berachah Bible Church. \_ 310 Corinth Rd., Jonesboro, GA 30238 \_ (770) 461-2466

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.