

Evangel Baptist Medical & Liability Consent Form

(Participants 19 & older: Fill out this form and sign for yourself at the bottom)

Participant: _____ Gender ____ Birthday ___/___/___ Grade ____

Program/s Attending: _____ Sunday Ministries _____ Mid-week Program _____ Special Events _____

Address _____ City _____ State _____ Zip _____

1st Emergency Contact _____ Father / Mother / Legal Guardian

Home phone _____ Cell Phone _____

2nd Emergency Contact _____ Father / Mother / Legal Guardian

Home phone _____ Cell Phone _____

Additional Contact _____ Phone _____ Relationship _____

To the best of my knowledge listed below and on the back side of this page (or attached) are any allergies, health problems, medications, etc. that are important to know in case of emergency:

I give permission for my child to participate in ministry activities sponsored by Evangel Baptist Church at any location those activities take place. I authorize group leaders designated by Evangel or Camp Burton to seek emergency medical attention for my child. (Note: the phone numbers above will always be called as soon as possible). Failure to reach me will not prevent application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

By signing below, I accept the risk of physical injury associated with participation in activities sponsored by Evangel Baptist Church and Camp Burton. I accept personal financial responsibility for any bodily or personal injury in excess of any amount provided by any applicable insurance policy. Further, I will hold harmless Evangel, Camp Burton and any other representative ministry leaders for any injury. I will also assume financial responsibility if it is necessary to transport my child home or to a hospital facility apart from the group.

Also, I give permission for my child to ride in any vehicle driven by a non-minor designated by the ministry point leader. Finally, I give permission for my child's picture to be displayed on bulletin boards, the church or camp website, etc. * for ministry promotion purposes only.

Do you have health insurance? Yes or No (If yes, please include information below.)

Insurance Company: _____ Policy #: _____

Provider phone number/s (on back of card) _____

Parent/Guardian Signature: _____ **Date:** _____

(PDF copies of this form can be found on our website: BoardmanEvangel.org)