

Memorial Bible Church Youth Ministry
Consent form for all youth events and trips
Held from January 1, 2021 to December 31, 2022

I/We _____ and _____
(Parent's and/or Guardian's full name) (2nd Parent's and or Guardian's full name – if applicable)

give permission for _____ to participate in all Memorial Bible Church youth
(Child's full name)
sponsored events from January 1, 2021 until December 31, 2022.

In the event that he/she is injured requiring medical attention and/or the care of a doctor(s) and/or specialist(s), I/We hereby consent to and accept all responsibility for any medical treatment as deemed necessary by the doctor(s) and/or specialist(s).

I/We authorize an adult, who has been entrusted with the care of our child, to consent to any medical treatment as deemed by the doctor(s) and/or specialist(s).

I/We give permission for an adult, who has been entrusted with the care of our child, to take any necessary steps to the best of his/her discernment to stop bleeding and/or administer first aid.

I/We agree to hold harmless the licensed physician(s) and/or specialist(s), the medical facility, MBC and its representatives and free of any claims, demands, and lawsuits for damages, arising from authorization and provision of any such treatment as mentioned above.

I/We release all representatives of MBC, including but not limited to, Pastors, Staff, Leaders, Volunteers, and students from any liability due to accident or injury incurred by my child.

I/We will cover all costs if child needs to be sent home for medical or disciplinary reasons. I/We give permission for our son/daughter to ride in a vehicle that will be used in transportation for the event, which may include, but is not limited to, a bus, large van, a car driven by a volunteer, leader, or staff, airplane, etc. I/We understand that we may be called upon and responsible to pick up our child in the case of an emergency or disciplinary situation (mostly, but not limited to, a local event).

I/We understand that all information on this form will apply to all emergency or disciplinary situations and remain in effect for the duration of January 1, 2021 until December 31, 2022. I/We will alert MBC and its youth ministry of any and all changes of the information on this form throughout the duration of the year so that a new consent form can be drafted, completed, and signed.

PARENT/GUARDIAN SIGNATURE: _____

Child's Name: _____ DOB _____ Current Grade _____

Child's address: _____ Email _____ Cell Number _____

City _____ State _____ Zip _____

Father's Name _____ Work Number _____
(Or Guardian's Name)

Home Number _____ Cell Number _____

Mother's Name _____ Work Number _____
(Or Guardian's Name)

Home Number _____ Cell Number _____

Emergency Contact _____ Phone Number _____

Best Email to reach Parents _____

Please complete medical information on the back

Medical Information

Does your son/daughter have any allergies YES NO
If yes, please list all below –

Does your son/daughter take any medications YES NO
If yes, please list all below –

Does your son/daughter have any other medical conditions YES NO
If yes, please list all below –

Medical Insurance YES NO Date of last Tetanus Shot _____

Insurance Company _____ Policy number _____

Second policy number (if applicable) _____

Address of insurance company _____

Phone number of insurance company _____

Primary doctor's name _____ Phone number _____

Your child may be photographed. If you do not want your child's photo used on our website or for promotional purposes, please complete a "No Photo Use" form in the office. Thank you!