

## Parental/Legal Guardian Permission/Consent Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I, the undersigned parent or legal guardian of the minor(s) listed above hereby acknowledge that said minor(s), has my express permission to participate in the activities of the Student's/Children's Ministry of Meadowbrook Baptist Church ("MBC"). I do hereby grant permission for MBC to provide transportation to said minor(s) for any and all authorized church activities in church owned or non-church owned vehicles. In the event of an emergency, illness or injury, I authorize MBC or its representatives, personnel and officers, volunteers or adult sponsors of Student/Children's activities, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician and or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor(s) named above, I do hereby expressly consent that said minor(s) may receive emergency medical treatment for illness or injury from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I also agree to fully release and hold harmless Meadowbrook Baptist Church, its representatives, personnel and officers, adult of Student/Children's activities sponsors and other workers, paid or volunteer, or their heirs and assigns, from any and all claims, costs, liabilities, expenses of any kind or causes of action which may arise from the decision of the church, minister, worker, or other representative, out of the treatment of any sickness or accident incurred by said minor listed above while participating in activities of Meadowbrook Baptist Church.

I so release, acquit and forever discharge Meadowbrook Baptist Church, their representatives, personnel and officers, adult sponsors of Student/Children's activities and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to activities and events of MBC's Student/Children's ministries. I acknowledge that this is a full and complete release of all injuries and damages that the above-named minor(s) may sustain as a result of participating in the church sponsored activities for which said minor(s) has my express permission to participate.

I further (   DO    DO NOT) give permission for the use of any photos, movies, and audio/video recordings of said minor taken by MBC ministers, sponsors, teachers, or other designated representatives in connection with MBC's Student/Children's ministries, to be displayed on MBC's current means of communication and marketing including but not limited to MBC's website, internal MBC publications, MBC's Facebook, Twitter, Instagram or additional social media for educational or religious purposes, media coverage, or for publicity benefiting MBC's educational or religious purpose. *If no option is checked, you are granting MBC your authorization for said usage.*

Name of Parent/Legal Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Emergency Contact #'s (List Name &amp; Numbers): \_\_\_\_\_

Special Medical Information/Allergies and any other important information: \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*Please attach copy or send a photo of Insurance Card to [info@meadowbrookbc.org](mailto:info@meadowbrookbc.org)*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_