

Students Name

Bethesda Student Event Participation Form Jan/2015 - Jan/2016

I/We give Consent for _____ (name of minor) to attend any Bethesda Student's events being sponsored by Bethesda Baptist Church from the month of January, 2015 through January, 2016.

In the event that he or she is injured while under the care of the Bethesda Baptist Church and its' representative and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Bethesda Baptist Church and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release the Bethesda Baptist Church of its' representatives from any liability due to accident or injury incurred by my child.

Signed: _____

• Bethesda Baptist Church • 317-852-3101 • www.ebethesda.org •

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Name of Parent or Guardian _____

Grade of Minor _____ D.O.B _____/_____/_____ Phone: Home() _____

Work () _____ Cell () _____

Emergency Contact if parents can't be reached _____ Phone: () _____

Special Medications or Medication Allergies _____

Health Insurance Information:

Name of Insurance company: _____ Phone: () _____

Policy #: _____

Family Doctor _____ Doctor's Phone () _____