

PARENTAL CONSENT/RELEASE FORM

Name _____ Birthdate _____
Address _____ Phone(____) _____
City _____ State _____ Zip Code _____
Social Security No. _____ Age _____ Height _____ Weight _____
Parent(s) business phones: _____

TO WHOM IT MAY CONCERN;

The undersigned does hereby give permission for our (my) child, _____,
(Name of Child)
to attend and participate in activities sponsored by **First Baptist Church of Kannapolis, N.C.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist 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.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned releases and forever discharges First Baptist Church of Kannapolis, N.C. and its sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the activities of First Baptist Church of Kannapolis, N.C.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **First Baptist Church of Kannapolis, N.C.**

Hospital Insurance Yes ___ No ___ _____
Father *Date*

Insurance Company _____
Mother *Date*

Policy Number _____
Legal guardian *Date*

Emergency Phone Numbers _____

On this the _____ day of _____, 20____, personally appeared before me _____,
personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and
official seal this _____ day of _____, 20____. State of _____ County of _____
My commission expires _____

Notary Public