FRANKLIN ROAD BAPTIST CHURCH
CONSENT AND MEDICAL INFORMATION FORM

As a parent or legal guardian of _____, I hereby give consent for my child to attend various outings during the 2007-2008 school year. I understand that my child will be under adult supervision while on such outings away from the church premises. I understand that I will be notified before such outings occur.

I hereby release, forever discharge and agree to hold harmless Franklin Road Baptist Church and all youth sponsors from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as result of participation in recreation and work activities involved therein.

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in all trips and activities, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

_____

Signature and relationship to participant Date

Medical Insurance Company _____

Policy Number _____

Physician's Name & Phone _____

Three Emergency Contacts

Name *(#1 being Parent)*	Telephone Number	Cell OR Pager #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies or information that we should know about your child.

_____

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