

# Medical Release / Parent Consent Form 2020

**(Please Print)**

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Name & Telephone Number of Doctor \_\_\_\_\_

Emergency Contact Person and Telephone # \_\_\_\_\_

**Please list any and all medical allergies, medications being taken, medical problems or other pertinent information on your child:**

I (we) hereby give permission to the above named minor child to participate in the Hibernia Baptist Church Ministry. In my capacity as parent/guardian, I hereby waive any right, I or said minor child may have to sue Hibernia Baptist Church, or any of it's employees as a result of any and all injuries, damages or losses sustained by the above mentioned minor while participating in the Hibernia Baptist Church Preschool/children/student Ministries or related activities or excursions. I further agree to hold Hibernia Baptist Church and any of their employees harmless and bear the cost of their legal defense if any suit or legal or equitable action is brought against any of them as a results of any and all injuries, damages or losses suffered by the above mentioned minor while participating in the preschool/children/student Ministries or in any and all activities or trips related to it.

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor bearing this document to act in loco parents, as provided by Florida code to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

\_\_\_\_\_  
Parent/Guardian MUST sign in the presence of a notary public.

\_\_\_\_\_  
Date

STATE OF FLORIDA COUNTY

OF \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_ day of \_\_\_\_ year of \_\_\_\_\_.

- Personally know to me  
 Produced Identification

Type of Identification

Affix Notary Seal

\_\_\_\_\_  
Signature of Notary Public,  
State of Florida at Large