

Please print clearly:

CHILD's NAME: First _____ Last _____

Gender: Male - Female Birth Date _____ Grade (Fall '10) _____

For office use only:

Shelby _____

Northshore

BAPTIST CHURCH

10301 NE 145th St Bothell WA 98011 Tel: 425-821-5252

PARENTAL CONSENT & MEDICAL RELEASE

July 2010 - June 2011

CHILD's NAME: First _____ Last _____

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____

Cell _____ Wk _____

Cell _____ Wk _____

Email _____

Email _____

Child lives with: Both parents ____ Mom ____ Dad ____ Joint Custody ____ Other _____

Address _____

City _____ St ____ Zip _____

Home Tel _____ Special Instructions _____

Emergency Contact _____ Relationship to child _____

Home Tel _____ Cell _____ Wk _____

Does this child have any allergies or medication needs? Are there any other conditions and/or concerns? If yes, please indicate:

Insurance Company _____

Address _____

Tel _____ Policy No. _____

Subscriber _____ Group _____

The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above, including such x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment, or other hospital services ordered by the attending physician or dentist, and his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I also understand that I am responsible for charges not covered by insurance. A copy of this authorization can be used as the original. The undersigned does also hereby give permission for their 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 Northshore Baptist Church. The undersigned does also hereby give permission for Northshore Baptist Church to use any photographic or video likeness of their child for ministry related media promotions and/or productions.

PARENT/LEGAL GUARDIAN _____

Signature

Date