

Children's Ministry Medical Consent Form

Medical Consent

Bible Fellowship Church (BFC) is a non-profit charitable organization dependent on God and His people. Those who use BFC's facilities and/or engage in related activities waive and release BFC from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage. I realize that my child's picture and/or testimony may be used in future promotion of BFC.

In case of a medical emergency, BFC will call for medical help and notify you. In the event you cannot be reached, I hereby give permission to the medical personnel to care for my child.

Illegal drugs, weapons and similar items are not permitted. BFC reserves the right to search for and remove such items suspected from anyone possessing them.

My son/daughter has permission to engage in all prescribed activities.

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Full Name: _____

Phone Number: _____

Email: _____

Address:

Emergency Contact (if parent/guardian is unavailable):

Name: _____

Phone Number: _____

Relationship to Child: _____

Medical Information

Does your child have any allergies (medications, food, etc.)?

Yes

No

If yes, please list: _____

Does your child have any medical conditions or special needs?

Yes

No

If yes, please describe: _____

Is your child currently taking any medications?

Yes

No

If yes, please list: _____

Name of Primary Care Physician: _____

Physician's Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____

Acknowledgement and Signature

I have read and fully understand the terms of this medical consent form.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

For questions or concerns, please contact:

Bible Fellowship Church:

Chris Hadden, Children's Pastor or Dana Hadden, Children's Ministry Director

863-381-9645

863-381-9643

chrishadden@bfcsebring.com

danahadden@bfcsebring.com