**Woodside Baptist Church**

**PARENT/GUARDIAN CONSENT FORM**

To participate in the activity of: 2019 VBS M – F July 8th – 12th 9 am – 12 pm

**PERMISSION FOR MEDICAL TREATMENT, PHOTOGRAPH/VIDEO NOTICE, AND RELEASE AND INDEMNITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PARENT/GUARDIAN) OF \_\_\_\_SEE BELOW do hear by authorize emergency medical personnel, emergency room personnel, hospital personnel and treating physicians to provide necessary and appropriate emergency care, surgical care, and anesthetic care which is deemed advisable, within sound medical practice, such as the occasion demands, within their best medical judgment, in the best interests of the patient. The consent includes but is not limited to all treatment necessary to preserve life, limb and health of the patient, X-rays, diagnostic tests, blood tests, administration test of medication, scans toxicology screens, intravenous treatments and related procedures. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility.

I/We further agree to inform the appropriate church official(s), should my/ our child’s physical condition change in any way and or at any time that may affect his/her participation.

\*Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal event activities, and these photos/videos may be use on the church’s website. Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others Authorized to pick up child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_