

Fellowship Baptist Church
871 Tulls Creek Road Moyock, North Carolina 27958
(252)435-6453

Medical Release
Child Participant

This information is correct in as much as I know, I hereby give my permission to the licensed physician, nurse, or medical care provider designated to secure first aid as required for illness of injury, including transportation to and from the necessary medical facilities for my child. I understand that I will be billed for any professional services rendered.

I desire for my child to participate in Vacation Bible School activities at Fellowship Baptist Church. In consideration of Fellowship Baptist Church providing these activities, I do hereby release Fellowship Baptist Church, its officers, employees, agents, volunteers, and members from all claims and causes of action by reason of an injury that may be sustained as a result of these church activities.

The given information is true and I give my consent as the **legal parent** or the **legal guardian** of this child.

Name (PRINT) _____

Signature _____

Date _____

Print

Child's / Children

Name(s) _____
