

PARENTAL CONSENT FORM

Event _____ Date(s) _____

Students Name _____

Do you have your updated yearly medical form on file with IBC? YES NO

My child has my permission to attend this event - I understand the nature of the activity and am aware of the risks involved.

I understand attendance at this outing is a privilege contingent upon the cooperation of each person. Immanuel Baptist Church is a Christian organization, and Christian standards of conduct, dress and attitude are expected.

When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case I shall pay for all such expenses. I shall in no way hold Immanuel Baptist Church or its representatives responsible for any financial obligation.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE WITH IMMANUEL BAPTIST CHURCH, AND RECEIVE EMERGENCY MEDICAL CARE IN MY ABSENCE.

Parent/Guardian _____ Date ___ / ___ / _____

Notes: