

Medical Release and Liability Waiver For Students

I, (print your name), _____ parent and legal guardian of (print child's name) _____, (hereby referred to as "child"), a person who is under the age of 21, am giving permission of said child to attend _____ hereby referred to as "event" or "activity" of Bethel Baptist Church of West Monroe, Louisiana, it's leaders, chaperones, directors, ministers, agents, and staff, hereby referred to as "church."

I understand, authorize, and permit the church to include my child in the event knowing that said event may involve activities including but not limited to, running, playing, water related activities, work, being transported to and from multiple locations, eating, overnight lodging, and other. I also accept responsibility of informing any other parent or guardian of said event, dates, locations, and activities that said child may join in. Failure of consenting parent or guardian to inform other parents or guardians of said activities or event is in no way negligence of the church.

I also, on behalf of said child, do hereby release, forever discharge and agree to hold harmless, accept full responsibility, medically and financially, accept any and all claims or demands for personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the child during recreation, work, transportation, eating, lodging or other, during said event.

I further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

I agree to, consent, and permit my child to ride in any vehicle designated by the church, knowing that said transportation is needed and authorized by the church.

Medical consent

I also authorize and permit the church to administer minor medical treatment to said youth which includes basic first aid, appropriate pain relief for discomfort caused by, but not limited to, headaches, stomach aches, scrapes, sunburns, and other. I authorize and permit the church to transport said youth to any medical or emergency medical facility if during the event said youth were to require such medical treatment. I authorize, permit, and give consent to medical facility to any X-Ray examination, anesthetist, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Further, should it be necessary for the child to return home due to medical reason, disciplinary action, or other, I assume all transportation costs and related expenses.

Pre existing medical conditions _____

Medications currently being taken _____

Signed _____ Date _____

Print name _____

Please attach a copy of medical insurance card