

Forked River Baptist Youth Ministry Church Release

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor
hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at Forked River Baptist Church. Lanoka Harbor, NJ 08734.

I hereby authorize the Youth Pastor, Steven Carvalho and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at Forked River Baptist Church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

I further authorize the Youth Pastor, Steven Carvalho and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at the Forked River Baptist Church to receive physical custody of my child.

I hereby waive my rights to bring any suit against Forked River Baptist Church for any reason, while my child is under their supervision.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____
Signature of parent or legal guardian

Additional information

Parent / guardian _____ Name of Child(ren) _____ Grades _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Medical / health insurance company _____ Insurance policy no. _____

In case of emergency, notify parent or guardian _____ Relationship to minor _____

Allergies / allergic reaction of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

Best Email: _____