

# DELTONA LAKES BAPTIST CHURCH

## PARENT OR GUARDIAN PERMISSION AND MEDICAL RELEASE FORM

Minor's Name	Date of Birth	Home Phone
Address		Parent/Guardian's Cell Phone
City, State Zip		Parent/Guardian's Work Phone
Does the minor have any of the following:		
<input type="checkbox"/> Special Diet <input type="checkbox"/> Allergies <input type="checkbox"/> Chronic/Recurring illness <input type="checkbox"/> Surgery or serious illness within 1 year		
<input type="checkbox"/> Physical conditions that limit activity		
Please describe any medical conditions or concerns:		
Health Insurance Company		
	Insurance Policy Number	Doctor Name and Phone
The undersigned parent or guardian affirms that he/she has legal custody of the minor child and gives consent for him/her to attend the events being organized by Deltona Lakes Baptist Church, Inc. I understand that there are inherent risks involved in any event and hereby release Deltona Lakes Baptist Church, its pastors, staff, directors, officers, members, volunteers, property owner where event occurs and agents from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my minor child's involvement. In the event that he/she is injured or becomes sick and requires the medical attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Deltona Lakes Baptist Church, I agree to hold Deltona Lakes Baptist Church, its employees, pastors, directors, volunteers, officers and other agents free and harmless from any claims, demands or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care.		
Signature X _____ Date: _____		
Printed Name of Parent or Guardian:		
STATE OF FLORIDA      COUNTY OF _____		
Affirmed to and subscribed before me this _____ day of _____, 20____, by		
_____		
_____ Notary Signature		
_____ Printed Name		
Personally Known _____ OR Produced Identification _____		
Type of Identification Produced _____		