

PAYMENT - PERMISSION - CONSENT TO TREAT FORM

MINOR'S NAME: _____

GRADE: _____ SCHOOL: _____

CHURCH ATTENDING: _____

* If paying by check, put minor's name on memo line of check

EVENT ONE: _____

EVENT DATE: _____

Amount Enclosed \$ _____ Cash Check # _____

EVENT TWO: _____

EVENT DATE: _____

Amount Enclosed \$ _____ Cash Check # _____

I, the undersigned, as the parent/legal guardian of above named minor, give my expressed permission and consent for above named minor to participate in the above activity/trip sponsored by **Liberty Baptist Church**. I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child. I consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Furthermore, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. I further agree not to hold **Liberty Baptist Church**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. In the event of an emergency, I may be reached at the following numbers:

Home: _____

Work: _____

Cell: _____

Other: _____

Parent / Guardian Signature _____

A notarized "Medical Release/Parental Consent Form" is on file at the church and it is current and up to date. YES NO