

EVENT CONSENT FORM

Name of Participant: _____

Participant's Phone #: _____

I give permission for my child _____ to attend this event. I understand that my child will be under the care of Ladner Baptist Church volunteers and/or staff during the event.

I hereby understand the nature of risks involved in this event. I hereby release Ladner Baptist Church, including its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the course of this event. In the event of an emergency, I hereby consent to any professional medical treatment that may be needed. My child and I also understand that during the event rules regarding acceptable conduct and attitude will be in place. I hereby agree to pick up my child or pay for the expense of sending my child home early if he or she does not follow these rules.

Name of Parent or Legal Guardian: _____

Signature: _____

Date: _____

Parent Phone #: _____

Parent Email: _____

Signature of Participant: _____

Completed Medical Information Form Attached.

_____ **YES** _____ **NO** _____ **NOT REQUIRED**

MEDICAL INFORMATION FORM

Date: _____

Participant's Name: _____

Address: _____

Phone #: _____

BC Health Care #: _____

Legal Guardian's Name: _____

Relationship: _____

Address: _____

(if different from above)

Phone #: _____ home/work/cell (circle one)

Alternate Phone #: _____ home/work/cell (circle one)

Secondary Contact Name: _____

Relationship: _____

Address: _____

Phone: _____ home/work/cell (circle one)

Doctor's Name: _____

Phone: _____

Allergies, Medication presently taking, or Medical Concerns: _____
