

NORTH NAPLES BAPTIST CHURCH EMERGENCY MEDICAL RELEASE FORM

Parental Consent Form/Responsibility Clause

EVENT SPECIFIC FORM

EVENT NAME: *Young Men's Retreat*

EVENT DATE: *February 6-7, 2009*

Student's Name

Parents' Work Number

Address

Emergency Contact Name

City, State, Zip

Emergency Contact Number

Home Phone

E-mail address

In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in the above named event. It is understood that North Naples Baptist Church personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions. I understand that North Naples Baptist Church cannot assume responsibility for medical expenses incurred in case of accident. I relieve North Naples Baptist Church, its ministers and adult leaders from any liability with regard to my child.

(THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN)

Parent/Guardian Signature _____

Date _____ Relationship to Student _____