

PERMISSION & CONSENT FORM

As parent and legal guardian, I hereby give permission for my child to participate in the activities organized by Sandia Baptist Church for 2019:

Activities: **ALL CHURCH SPONSORED ACTIVITIES**
January – December 2019

Participant's Full Name: _____

Birth Date: (d/m/y) _____ **Home Address:** _____

Parent/Legal Guardian Name: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____ **Cell Phone #:** _____

If Parent/Guardian is not available in an emergency, please notify:

Name: _____ Phone #: _____

Address: _____

Please list any allergies/other health or medical problems your child may have:

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Health Insurance Co. _____ Policy #: _____

Family Doctor: _____ Phone #: _____

I understand that, in the event my child requires medical treatment while engaged in this activity, that reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the sponsor of this activity to give permission for any medical treatment necessary on my behalf.

*Sandia Baptist Church produces videos, including sound, and photographs of every event and activity and these are used in reports and publicity, both locally and nationally, including the SBC website. We have not found a practical way to separate Participants. **Therefore, your signature on this document, as well as your participation in these activities, or the participation of your child, constitutes your consent for the use of media by SBC that may include you or your child, or both.**

Signature: _____ **Date:** _____