

**MEDICAL RELEASE / PARENTAL CONSENT**

**Statement of Parental Consent:**

I \_\_\_\_\_ hereby authorize my  
son/daughter \_\_\_\_\_ to participate in all aspects of  
any program sponsored by Northwest Student Ministries for the 2011 calendar year.

**Student Information:**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Release:**

I further agree that the leaders are duly authorized to obtain professional medical and / or hospital care for any and all types of medical / surgical emergencies that may arise or occur during the Youth Trip / Function.

This agreement authorized any licensed hospital or professional to render medical / surgical care as deemed necessary for the emergency. My insurance company provides for hospital expenses and / or medical expenses. I further understand that I am responsible for any financial obligations that are not covered by my / our insurance carrier.

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

It is further my understanding that the necessary precautions and plans for care and supervision during this event will be observed. Beyond this point, I will not hold the Northwest Baptist Church or its leaders responsible.

My son / daughter has the following condition(s) / allergies of which the leaders should be aware:

\_\_\_\_\_

Other information or restrictions of which the leaders should be aware:

\_\_\_\_\_

I hereby agree to the above:

\_\_\_\_\_  
(Signature of parent / guardian)

\_\_\_\_\_  
(Date)

In the event of an emergency, I may be reached at the following phone numbers:

Father / Guardian Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Mother / Guardian Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

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