



Forks
of Elkhorn
Baptist Church

Forks of Elkhorn Baptist Church
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PARENT/GUARDIAN OF A MINOR CONSENT TO TREAT & HOLD HARMLESS FORM

In case of an emergency, I hereby give permission for my minor child _____ (full name) to be treated by a physician or hospital selected by any of the adult sponsors accompanying the activities for which my child is participating.

In consideration of my child being allowed to participate in activities sponsored by the Forks of Elkhorn Baptist Church, I do, for myself, and on behalf of my child-participant, do hereby release, forever discharge, and agree to hold harmless its employees, officers, directors, trustees, deacons, members, agents, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activity sponsored by the Forks of Elkhorn Baptist Church.

I understand that many of the activities will be physical in nature, will include travel and I, on behalf of my child participant, hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in all activities involved therein. I certify to my knowledge that my child-participant is healthy and physically and emotionally able to participate in normal youth activities except as specifically excluded below.

I further hereby agree to hold harmless and indemnify said church, its trustees, employees, officers, deacons, directors, members, staff, and agents, including trip sponsors and vehicle owners, for any liability sustained by said church as the result of negligent, willful or intentional acts of said child-participant, including expenses incurred attendant thereto.

I am the parent or legal guardian of this child-participant and hereby grant my permission to take said child to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and I assume the responsibility of all medical and dental expenses, if any.

Authorized Signature of Parent/Guardian

Child's Name _____ Date of Birth _____

Parent Email Address _____

Home Address _____ City _____ Zip _____

Grade _____ Male _____ Female _____ Home Phone # _____

Father's Name _____ Cell/Wk # _____

Mother's Name _____ Cell/Wk # _____

Other Emergency Contact:

Name _____ Relation _____ Phone #s _____

Medical Insurance Information:

Policy Holder: _____ Insurance Co. _____

Policy ID #: _____ Insurance Phone # _____

Allergies/ medical problems/ medication(s) needed: _____

My child's medications include: _____