

Mountain Creek Student Ministry (Church Year 2023)
Permission/Medical Release Form

I _____ do hereby give my permission for _____ to participate and travel (when applicable) with the Mountain Creek Baptist Church Student ministry.

I/We, the undersigned, have legal custody of the Student named above, a minor, and I/we understand that there are inherent risks involved in any ministry trip, travels and events, and I/we hereby release Mountain Creek Baptist Church and any and all pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, and/or damage to person or property that may occur during the course of my/our student's involvement.

I/We also give my/our student permission to use the church's mode of transportation and release Mountain Creek Baptist Church, its pastors, employees, staff, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our student's traveling with the group.

In the event that she/he is injured and requires the attention of a doctor or any medical needs, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such treatment.

Authorization for Emergency Treatment

In the event of any major injury to my student, I will consent to be contacted for the course of medical action to be taken, unless the medical condition is severe in which case my student may be taken to an emergency room.

I hereby authorize any physician, surgeon, or dentist so chosen by a sponsor of Mountain Creek Baptist Church to administer any emergency treatment, procedure, or medicine necessary or advisable when accompanied by church sponsors to the emergency room of any hospital.

I also authorize church sponsors to secure the use of an ambulance if necessary for transporting my student to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to my student.

Waiver

We ask that your child not attend an event if he/she or anyone in your home has had a fever or signs of communicable illness in the past 3 days.

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Parent(s) / Guardian(s)

Signature: _____

Date: _____

Emergency Contact Number(s): _____

Insurance Provider: _____

Insurance Policy Number: _____

Notary

State of South Carolina

County of Greenville

On this ____ day of _____, 202__, before me personally appeared _____ who provided satisfactory evidence of his/her identification to be the person whose name is subscribed to this instrument, and he/she acknowledged that he/she executed the foregoing instrument.

Signature – Notary Public

_____ County, South Carolina

My commission expires: _____