

Heartland Baptist



Parental Consent Form

** during pandemic, we ask all wear face masks, practice social distancing, use hand sanitizer, and other safe practices.*

Parent/Guardian Name: _____

Cell Phone: _____

Address: _____

Email: _____

Birthdate (00/00/00): _____

Additional Emergency Contacts (Name, Relation, and Cell):

Child's Name:*	Birthdate:	M/F:	Special Info (Allergies, Meds, Behavior)**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Heartland Baptist takes pictures for promotional purpose, check here to speak with a pastor with any concerns

* write additional children on the back

** please write any instructions for medical devices, behavioral discipline, or anything else on back of sheet or provide a printed copy

Liability/Medical Release and Authorization:

In consideration of Heartland Baptist Church supervising and caring for my child(ren), we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Heartland Baptist Church, its employees, volunteers, and agents from any and all liability, claims, or demands for accidental 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(ren) while involved in the church activities. We (I) the parent (s) or legal guardian (s) of this child(ren) hereby grant our (my) permission for the child(ren) to participate fully in Heartland Baptist Church Services and Activities. Furthermore, we (I) [and on behalf of our (my) child(ren)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said child(ren), including expenses incurred attendant thereto. I authorize Heartland Baptist Church and its staff and volunteers to make emergency medical decisions for my child. I agree that this assumption of risk shall be valid until I revoke or revise it in written form.

Parent/Guardian Signature

Parent/Guardian Signature

Medical Insurance Company and Policy #: _____