



Children Ministries of Retta Baptist Church  
13201 Rendon Rd. Burleson TX 76028 817-473-6136 fax 817-473-9312

Children www.retta.org

Valid: Sept. 1, 2010—August 31, 2011

**Parental Consent, Certification, Medical Authorization**

Parents and legal guardians of a minor child are asked to complete this form and return it to the Children's Ministries office. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grade/School Entering September 2010: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_  
Insured's I. D. #: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

IN CASE OF EMERGENCY IN WHICH THE PARENT(S) CANNOT BE REACHED, PLEASE CALL:

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL INFORMATION**

List ALL health restrictions or concerns (i.e. allergies, injuries, surgeries): \_\_\_\_\_

List ALL medications to be taken and times to be taken (send in original containers): \_\_\_\_\_

List ALL physical limitations that would prevent him/her from participating in normal rigorous activities: \_\_\_\_\_

Can student swim? \_\_\_\_\_ Date of last tetanus shot (must be within 10 years): \_\_\_\_\_

Any diet restrictions? \_\_\_\_\_

**Adult leaders at Retta Baptist Church have my permission to administer: Ibuprofen (advil) \_\_\_\_\_ Acetaminophen (Tylenol):**

**\_\_\_\_\_ Other: \_\_\_\_\_ at the discretion of an adult as deemed necessary for the student. Please initial:**

**Permission and Release**

**Consent and Certification**

Retta Baptist Church of Burleson TX sponsors various activities for its children. I give my permission for my child to participate in any church-sponsored activity that my child attends including field trips, camps, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church's children's ministry. I further give my permission for my child to ride with a driver who has been certified through the church during those activities. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless Retta Baptist Church, its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury by a church certified driver. I understand that Retta Baptist Church takes the privilege and responsibility for the well-being of my child very seriously, and I agree to pray for the safety, success, and spiritual growth of all individuals attending this event.

I understand that my child may be photographed, and that these photographs may be included in publications and web sites of Retta Baptists Church.

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that will be my responsibility as parent/guardian. I hereby release the church. Its staff and volunteer counselors of any liability in the event of accident or injury. I agree to notify the church in the event of any health changes which would restrict my child's participation in any activities. I also understand that the adult supervisors reserve the right to restrict my child from any activities that they do not feel is within the physical capabilities of my child.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature) Notary Public

Children's Minister: Darla J. Smith Cell #: 817-975-8463