

**PARENTAL CONSENT, RELEASE OF LIABILITY, AND EMERGENCY MEDICAL TREATMENT
AUTHORIZATION FORM**

Child's Name _____ Birth Date _____
Address _____
Home Telephone _____
Mother's Name _____ Father's Name _____

I, _____ (name of parent or legal guardian) am the _____ (relationship to child) of _____ (child's name). I give consent for my child to participate in the Parent's Night Out Ministry at First Baptist Church of Dacula. If my child suffers an injury or illness while participating in this Child Care program, and if Child Care volunteers of the Parent's Night Out Ministry are unable to contact me at the telephone numbers above or below, I hereby authorize the Child Care volunteers of the Parent's Night Out Ministry to obtain such emergency medical care or treatment as the medical volunteers of the Parent's Night Out Ministry at First Baptist Church of Dacula deems necessary. I further consent to the provision to my child of such emergency medical care or treatment, as is deemed reasonably necessary by a licensed physician. This consent is signed for the purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration for the agreement of the Parent's Night Out Child Care Ministry at First Baptist Church of Dacula, to permit my child to participate in the above activity, I, on behalf of my child, hereby release and waive any and all claims for damages, injury, or death against First Baptist Church of Dacula, and it's officers, directors, employees, agents, independent contractors, and staff (collectively "First Baptist Church of Dacula Releasees"), that may accrue to me or my child as a result of my child's participation in the Parent's Night Out Child Care Ministry program, and agree to indemnify, protect, and hold harmless the First Baptist Church of Dacula Releasees from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, and attorney's fees, however caused, as a result of my child's participation in the Parent's Night Out Child Care Ministry, except, for conduct constituting gross negligence by First Baptist Church of Dacula Releasees.

Emergency contact names, relation, and telephone numbers:

1.	_____		
	Name	Relation	Telephone number
2.	_____		
	Name	Relation	Telephone number

The following information about my child is complete and current and may be relied upon by First Baptist Church of Dacula Releasees and a licensed physician under the circumstances set forth above:

Allergies (including drug allergies): _____
Date of last tetanus shot: _____
Other pertinent health history: _____

Signature: _____ Relation to child: _____ Date: _____