MINOR'S CONSENT/
MEDICAL RELEASE FORM

INTERNATIONAL BIBLE BAPTIST CHURCH

15963 Marcella Street, San Leandro, CA 94578

NOTE: Please fill out one form for each child.

FOR 18 YEARS OF AGE WITHOUT PARENTS ON SITE, A PARENT OR LEGAL GUARDIAN MUST READ AND SIGN BELOW:

I am the parent or legal guardian of _____ (please print). My child will be joining the IBBC family camp from _____ to _____, and hereby give my consent to participation of my child in all activities. I further hereby give my permission to take my child to a doctor or hospital nearby and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Note: Suitability of participation of minors is at the discretion of the Group Leader/Pastor.

_____/_____ _____

PARENT or LEGAL GUARDIAN (PRINT NAME) — DATE

_____/_____

PARENT or LEGAL GUARDIAN (SIGNATURE)

Please indicate "N/A" below if not applicable. Thank you.

Allergies: **Food** _____
_____

Medications _____
_____

Health Conditions: ☐ diabetes ☐ asthma ☐ other: _____ ☐ N/A

Currently taking the following Medications: _____
_____

EMERGENCY CONTACT

Name: _____ Tel. _____

Address: _____

Relationship: _____

Please turn in this form on or before July 26, 2009 together with your child's medical card.