

Chili Bowl

Permission/Consent Form

North Central Baptist Church
8001 NW 23 Ave. Gainesville, FL 32606

I, (we) _____, the undersigned parent(s) or guardian(s) of _____ understand that sickness and/or accidents may occur while he/she is participating in activities sponsored by North Central Baptist Church. I realize that accidents, injury and/or sickness may occur during (but not limited to) routine or recreational activity, supervised or unsupervised activities and in such cases a representative of the church will notify me of the situation as soon as it is feasible to do so. I understand that this notification will be secondary to the security of the group and the welfare of my child.

In the event that my child experiences sickness or accident, I hereby grant permission to North Central Baptist Church and/or its representatives to seek medical and or dental care as deemed necessary by the adult acting on behalf of the ministry at the time of need. I also grant permission for my child to be examined and treated as deemed necessary by any physician, surgeon, dentist, emergency medical personnel, nurse, or others appropriately licensed for such treatment.

I further understand that while North Central Baptist Church carries insurance, I must first apply for benefits available through personal hospitalization and medical coverage before applying for benefits that may be available through the ministry's coverage. I understand that any personal coverage available to the participant will be the primary provider and the ministry's will be secondary.

I also understand that treatment and care for my child may include, but is not limited to: hospitalization, walk-in clinic care, x-rays, injections, anesthesia, prescribed medication, over the counter medicines, ambulance transport or emergency medical rescue. In the event that medical and/or dental treatment is needed, I agree to reimburse North Central Baptist Church for any expenses incurred while seeking service, doctors' fees, prescription drugs, over the counter medication, lodging due to illness, emergency room fees, walk-in clinic charges, long distance phone calls or transportation costs.

Every reasonable effort will be made to settle disciplinary problems in an accountable, productive and affirming manner. In the event, however, that my child impedes the direction and/or purpose of the event by his/her behavior and is sent home, it is my obligation to pay all cost related to his/her return. I also understand that an attempt will be made to notify me prior to an early departure and that reasonable effort will be taken to ensure a safe early return.

_____ (Date): _____

(Adult Signature)

_____ (Date): _____

(Student Signature)