

CONSENT FORM

Name _____ Address _____

Name of Parent/Guardian _____ Daytime Phone # _____

Emergency Contact Person (other than Parent/Guardian) _____

Church Affiliation _____

Any Medical Conditions ___ Yes ___ No If yes, describe _____

Current Medications and Dosage _____

Allergies to Medicine (i.e. Penicillin) or Food _____

Medical Insurance Company _____ Policy Number _____

Name of Primary Cardholder _____

Primary Physician _____ Telephone number _____

I, _____ (Parent/Guardian) do hereby grant my approval and consent for _____ to travel to _____ for the Florida State Primitive Baptist Youth Convention from _____ to _____.

I hereby understand that in the case of a medical emergency, every effort will be made to contact me or the persons named as emergency contact on my child's consent form. If I, or the emergency contact person, cannot be reached, I hereby give permission to the physician and medical facility available to secure prior treatment for the above named minor. It is understood by the undersigned that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medications acts as an ordinarily responsible prudent person would have acted under the same or similar circumstances.

I agree to indemnify, defend, and hold harmless the Florida State Primitive Baptist Convention, Inc. and its officers, directors, agents, and employees from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees (on both the trial and appellate levels), not arising out of our caused by the Florida State Primitive Baptist Convention, Inc. negligence or willful misconduct.

Signature of Parent/Guardian

Date

CERTIFICATION OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

On this the ___ day of _____ 20___, before me, _____ a Notary in and for said County and State, personally appeared _____ personally known to me or ___ proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and who acknowledge to me that she/he executed the same.

SEAL

Witness my hand on official seal.

Notary Public