

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF IGLESIA BAUTISTA LA NUEVA ESPERANZA AND ITS EMPLOYEES AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM IGLESIA BAUTISTA LA NUEVA ESPERANZA OR ANY OF ITS EMPLOYEES, AGENTS OR VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND IGLESIA BAUTISTA LA NUEVA ESPERANZA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

1. Pursuant to the provision of Florida law, I the undersigned, legal guardian of _____, a minor, do hereby authorize, as agents, the adult supervisors of the student ministry department of the Iglesia Bautista La Nueva Esperanza of Tampa, Florida, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which physician may, in the exercise of his/her best judgment, deem advisable, based upon such circumstances as exist, including but not limited to any emergency.
2. I hereby authorize that the Iglesia Bautista La Nueva Esperanza, adult supervisors or volunteers who have training as Emergency Medical Technicians or Registered or Licensed Nurses to perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to any adult supervisor or agent of Iglesia Bautista La Nueva Esperanza upon completion of treatment. This authorization is given pursuant to Florida Law.
4. On behalf of myself as parent and guardian and on behalf of my minor child, I hereby release Iglesia Bautista La Nueva Esperanza, and its' agents and employees (both paid and volunteer staff) from liability in case of accident or injury even if resulting from the negligence of an agent or employee of Iglesia Bautista La Nueva Esperanza.
5. I hereby request Iglesia Bautista La Nueva Esperanza to carry out discipline determined to be necessary for my child as deemed appropriate under the circumstances and I release Iglesia Bautista La Nueva Esperanza and its agents and employees from claims for damages and from any liability for any such discipline. I also agree to pay the expenses of my child's trip home because of disciplinary action should such action be deemed appropriate by Iglesia Bautista La Nueva Esperanza.
6. These authorizations shall remain effective until revoked in writing and delivered to said agent with the understanding that participation in the requested activity may take place only with a fully executed form in the possession of Iglesia Bautista La Nueva Esperanza.
7. I for myself and my minor child hereby authorize the use by publication, display or public use of my or my child's photograph or any likeness in advertising, promotion or reporting of events of Iglesia Bautista La Nueva Esperanza or any activity in which Iglesia Bautista La Nueva Esperanza is associated and I hereby waive and release any and all rights and claims for damages I and/or my minor child may have against Iglesia Bautista La Nueva Esperanza or against its agents, employees, volunteers and contractors from any and all claims, damages or actions of any nature whatsoever, including pursuant to Chapter 540, Florida Statutes, as a result of such use or display.

PLEASE COMPLETE ALL INFORMATION

STUDENT INFORMATION

Student Name: _____ Today's Date _____

Address: _____

City: _____ ST _____ Zip: _____ County: _____

Student's Date of Birth: _____ / _____ / _____

MEDICAL INFORMATION

(Please specify any past history or medications taken)

1. Does your minor/child have any known allergies or is unable to take any medication(s)?

Yes No (Please circle one)

If yes, what? _____

2. Does your minor/child presently take any medication(s) regularly?

Yes No (Please circle one)

If yes, what medication(s)? _____

For what reason? _____

3. Please list any other medical condition(s) that would be helpful to know:

PARENT/GUARDIAN INFORMATION

Father's Name

Signature

C[] H[] _____
Phone Number

Mother's Name

Signature

C[] H[] _____
Phone Number