

LAKE RIDGE BAPTIST CHURCH, WOODBRIDGE, VIRGINIA
MEDICAL RELEASE AND CONSENT FORM
FOR YOUTH MINISTRY EVENTS

We (I) the undersigned parent(s)/guardian(s) of _____ give our (my) permission and consent for our (my) young person to participate in the activities/events (to include transportation in cars/vans/church van) of the Youth Ministry of Lake Ridge Baptist Church, (12450 Clipper Drive, Woodbridge, VA 22192, 703-494-8413). We (I) also give our (my) permission and consent for the staff members, sponsors and counselors in charge to obtain any necessary medical attention in case of sickness, injury or emergency for the above named youth. We (I), the undersigned, do hereby release, remiss and forever discharge all staff members, sponsors and counselors, of Lake Ridge Baptist Church, Woodbridge, as well as the church itself, from any and all claims, demands, actions or cause of actions, past, present and future, arising out of any damage or injury while participating in this or any activity/event.

Full Name of Participant: _____

Date of Birth: _____ Age: _____ Grade _____ Gender: _____

Name of Parent(s) or Guardian(s): _____

Phone Numbers: Home: () _____ Work: () _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Family Physician: _____ Phone Number: _____

Health Problems: _____ Regular Medication: _____

Drug Allergies/Allergic Reactions: _____ Last Tetanus Booster (Approx. Date) _____

We (I) agree that all of the above information is accurate and up to date.

Signature of Parent(s) or Guardian(s): _____

(Print Name Here)

(Print Name Here)

Date: _____

Signed Before Me This _____ Day of _____ 20_____

Notary Public for the State of Virginia

Commission Expires: _____