

**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 Orlando, FL 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