



## Medical Information and Consent Form

There are times when Music Camp may involve events/activities that can be very active, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Director of Children's Ministries prior to camp.

\_\_\_\_\_ has my permission to participate in all Music Camp activities sponsored by Central Baptist Church, from July 19, 2010 to July 23, 2010.

Having legal custody of the child named above, I give my consent to obtain medical attention deemed necessary by the staff, adult leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the church and its staff or any liability against personal loss.

- I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.
- I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.
- I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Medical Insurance Information:

_____	_____
<b>Insurance Provider</b>	<b>Group #</b>
_____	_____
<b>Member Name</b>	<b>Member ID or #</b>

**Please provide a photocopy of your insurance for your child. If you don't have access to a copier, you may have a copy made at our church office.**