



**MEDICAL AND SURGICAL CONSENT FORM FOR PARTICIPATION IN
Bridgewater Church - Fusion Ministry Event and Activities**

By completing this form, I give my permission for my student to participate in the Bridgewater Church Ministry and Events during the 2017-2018 School Year.

I give my consent to Bridgewater Church Volunteers and Church Staff Members and those supervising my child _____ (Student's Name) to arrange for any emergency medical or dental procedures which are deemed necessary by the attending physician or dentist to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent for these procedures. I give my consent for my child participate in extreme events and games such as the Word of Life Reverb, Winter Retreat, and Student Summer Camps (i.e. Launch Camp and TLC), and the Missions Trip. I realize that some activities can be dangerous and can lead to injury or loss of life. I also consent that I will hold Bridgewater Baptist Church, Church Staff, and Ministry Volunteers, legally, financially, and otherwise faultless due to any injury or harm my child may receive due to an accident and/or negligence on the part of the church, staff, volunteers, or other participants.

We, the undersigned, do hereby certify that we have read and understand the above consent form and do hereby approve same.

My child has no known allergies: _____ My child is allergic to: _____

Insurance Policy No. _____

Other Insurance Coverage: _____

Date of most recent tetanus inoculation: _____

Family Physician: _____ Phone # _____

Family Dentist: _____ Phone # _____

Signed: _____ Date: _____

(Parent or Guardian)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____