

**Hunter Street Baptist Church
Parental Consent, Certification, and Medical Authorization**

Child's Name _____
Father's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Date of Birth _____
Mother's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Doctor's Name _____

Phone _____

Name of Insured _____
Policy Number _____

Carrier _____
Group Number _____

Known Allergies _____

List any medication or drugs taken regularly _____

LOCAL Relative or friend to notify in case of an emergency and we cannot locate parents

Name _____ Phone _____

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Hunter Street Baptist Church for the calendar year _____. I fully release Hunter Street, its authorized representatives and staff from all liability of any kind and character upon any claim, demand or cause of action which might be asserted in our behalf against said church, representatives or staff. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participating in any activity which they have any question about for health or other reasons.

I hereby allow photographs and video of my participation in Hunter Street Student events to be published via print, video or website which are affiliated with Hunter Street Baptist Church. I understand that publications may be accomplished electronically via the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing it without my consent. I waive any claim for damages against Hunter Street Baptist Church from the un-consented-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

A photocopy of this Authorization shall have the same effect as the original.

Signature of Parent/Legal Guardian

Date _____

State of Alabama, County of _____

Subscribed and sworn to before me on this _____ day
of _____, 20_____.

My commission expires _____

Notary Public