

**South Hills Baptist Fellowship
Van Ministry Release Form**

Name (s) _____

Parents Names _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Mom Cell _____ Dad Cell _____

Date of Birth (s) _____

Consent for Medical Treatment (Minor) and Transportation

As the parent or legal guardian of the above-named child, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the live, limb or well-being of my dependent.

I also authorize my child to be transported for emergency purposes or church purposes, with a leader or other volunteer licensed to drive in the State of Montana. I hereby release, discharge and/or otherwise indemnify South Hills Baptist Fellowship and any other volunteers involved against any claim by or on behalf of the participant as a result of said transportation.

I hereby release, discharge and/or otherwise indemnify South Hills Baptist Fellowship and any other volunteers involved against any claim by or on behalf of the participant as a result of the child's participation in all church activities.

Please list any medical problems, allergies, medication taking and/or restrictions that your child is experiencing presently:

Person to notify in case of emergency: _____ Phone: _____

Doctor to notify in case of emergency: _____ Phone: _____

Insurance (fill in applicable spaces):

Company _____

Policy/Certificate #: _____ Group # _____

Signature _____

Parent/Legal Guardian