FAIR HAVEN BAPTIST CHURCH

34850 Marquette Street, Westland, Michigan 48185, (734) 728-4549

PARENT/LEGAL GUARDIAN
PERMISSION AND MEDICAL CONSENT FORM
September 1, 2026 - August 31, 2027

As parent or legal guardian, I hereby give permission for my child/teen to participate in all activities organized by Fair Haven Baptist Church from September 1, 2026, through August 31, 2027. These activities will take place under the guidance and supervision of church ministry volunteers and may take place away from the church. A church vehicle or private vehicle of church ministry volunteers will be used to transport the children/teens on all activities away from the church.

I understand that my child/teen is participating at his/her own risk and agree that Fair Haven Baptist Church and the church ministry volunteers will be free of any and all liability due to any injury my child/teen my incur while involved in these activities. As parent or legal guardian, I will remain fully responsible for any legal responsibility, which may result from any personal actions taken by my child/teen.

I further understand that, in the event my child/teen requires medical or dental treatment while engaged in any activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the church ministry volunteers to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

Emergency Numbers/Information

Child/Teen Name: _____

Child/Teen Address: _____

Child/Teen City/State/Zip: _____

Child/Teen Home Phone Number: _____

Child/Teen Birth Date: _______________ Child/Teen Grade: _____

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

Mother's Work Telephone (if applicable): _____

Father's Work Telephone (if applicable): _____

In case of an emergency and parent or legal guardian cannot be located, list alternate contact:

Name: _____

Relationship (i.e., Relative, Family Friend): _____

Telephone: _____

Please check any problems that your child might have:

☐ Heart Trouble ☐ Seizures ☐ Diabetes ☐ Penicillin

☐ Asthma ☐ Skin Rashes ☐ Sleepwalking ☐ Hay Fever

☐ Other: _____

Does the child have any medical or health problems, and has this child/teen had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in any activity?

☐ Yes ☐ No

Name of Health Insurance Carrier: _____

Subscriber's Name: _____ Group Name (Employer): _____

Group Number: _____ Contract/Policy Number: _____

To the best of my knowledge, I have listed all my child's/teens medical allergies, medications being taken, medical problems and other pertinent information. By signing below, I certify that I have read and understand the policies and procedures indicated on the front of this form.

_____ _____

Print Parent's/Guardian's Name Parent/Guardian Signature

_____

Date of Signature