

Ino Baptist Church Activities/Consent Form

Please complete the form in its entirety.

Student's Name _____

Home Address _____

Home Phone () _____ Cell Phone () _____

Alternate Phone () _____

Primary Contact Information _____

Contact Phone Number (s) () _____

Alternate Contact Information _____

Alternate Phone Number (s) () _____

Medications/Allergies _____

I give permission for INO Baptist Church to video or photograph my student for use in promotional programs.

No, I do not give permission to INO Baptist Church to video or photograph my student for use in promotional programs.

In the event of a medical emergency, I hereby grant permission for proper medical attention to be given to my child of whom I am legal guardian. I also agree to assume the responsibilities for any reasonable and necessary charges due to medical attention.

If you have insurance, please attach a copy of the insurance card to this form.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____