

# ROCK POINT CHURCH Parental Consent Form

September 2023-  
August 2024



Parent/Guardian must read and complete this entire form. This is a blanket consent form and will be kept on file for all events. In the event of an emergency, this form will be essential for parental contact and appropriate care.

PLEASE PRINT | ONE CONSENT FORM PER CHILD

Student's Name \_\_\_\_\_

Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone numbers:

Dads Cell (\_\_\_\_) \_\_\_\_\_

Moms Cell (\_\_\_\_) \_\_\_\_\_

Name (s) of Parent (s) / Legal Guardian \_\_\_\_\_

Address, if Different: \_\_\_\_\_

**\*\*\*\*\*GENERAL RELEASE, HOLD HARMLESS AGREEMENT\*\*\*\*\***

The undersigned or a member of the immediate family of the undersigned desires to participate in ministry at Rock Point Baptist Church (hereinafter "Rock Point Church").

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the undersigned or a member of the immediate family of the undersigned may incur personal injury of bodily damage while participating in Rock Point Church activities, including transportation to and from Rock Point Church.

The undersigned or a member of the immediate family of the undersigned further understand and acknowledges that Rock Point would not allow the undersigned or a member of the immediate family of the undersigned to participate in such activity without releasing and holding harmless Rock Point Church.

Further, the undersigned or a member of the immediate family of the undersigned request that Rock Point Church allow them to participate in this activity and in consideration thereof agree to hereby release, and forever discharge Rock Point Church Leadership, staff, and any party volunteering on behalf of Rock Point Church, all actions, claims, damages, cost, expenses or damages of any kind growing out of or related to any activity of Rock Point Church in which the undersigned or a member of the immediate family of the undersigned participates. The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that this is a full and complete release of the undersigned's or a member of the immediate family of the undersigned's participation in Rock Point Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Legal Guardian)

**(OVER)**

\*\*\*\*\* **MEDICAL/INSURANCE INFORMATION** \*\*\*\*\*

I, \_\_\_\_\_, being the legal guardian of \_\_\_\_\_  
(Parent/Legal Guardian – Please Print) (Participant/Student)

Give my permission for him/her to participate in Rock Point (hereinafter “Rock Point Church”) activities. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in a Rock Point Church Activity, including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.

DATE OF STUDENTS BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ADVISE SPONSORS OF CURRENT MEDICATION(S)  
AT THE TIME OF ACTIVITY.**

1<sup>st</sup> Health Insurance Company: \_\_\_\_\_

Subscriber’s Name: \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy # \_\_\_\_\_

Additional Info: \_\_\_\_\_

2<sup>nd</sup> Health Insurance Company: \_\_\_\_\_

Subscriber’s Name: \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy # \_\_\_\_\_

**FOOD Allergy:** \_\_\_\_\_

SIGNED : \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent/Legal Guardian Signature)

Please Return to:  
Rock Point Church  
429 W 150 S  
Crawfordville, IN 47933  
(765) 362-5494