

Emergency Legal Consent Form
Creation Corner
First Baptist Church O'Fallon
(Please Print)

Name of Child: _____

Parent/Guardian: _____

I give consent for my child to be a part of all activities which are planned in the regular program of Creation Corner and occur on church grounds.

In case of illness or injury of my child while under the care and supervision of the First Baptist Church of O'Fallon Creation Corner Ministry, I, the undersigned, hereby give my consent to the church staff to obtain emergency medical care from a hospital or private doctor if I cannot be reached immediately. I understand that I will be notified immediately and that a Creation Corner employee will remain with my child until a parent arrives.

The designated local physician to call in case of emergency is: _____
Phone: _____

If his/her services are not available, I consent to the use of any available doctor.

My hospital of preference is: _____

If an emergency occurs and the hospital of preference is not close, I consent to the use of the nearest available hospital.

Please give health insurance name: _____
and group number: _____

If the child is covered by Tricare Prime or Tricare Standard please provide:

Sponsor's Name _____
and SSN _____-_____-_____

List any allergies to medication: _____

In signing this consent form, I assume all responsibility for any financial obligation that may be incurred on behalf of my child. I also understand that in signing this consent form, I am stating that I will not hold First Baptist Church O'Fallon, Creation Corner or any employee therein, liable as they provide care for my child.

Please do not sign until you are in front of a notary

Parent/Guardian Signature

Date

Notary Public Signature