

TO WHOM IT MAY CONCERN:

In the event of a medical emergency, I hereby give permission to NORTH LANIER WEEKDAY CHILDREN'S MINISTRY to render any necessary emergency medical treatment. In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold North Lanier Weekday Children's Ministry and it's staff, North Lanier Baptist Church and it's staff, Board of Overseers and Deacons, and the Southern Baptist Convention harmless for any accident or injury that may occur to my child while attending NLBC Weekday Children's Ministry.

Signature of Parent and Date:

Insurance company _____

Policy number or Id no. _____

In consideration for the valuable childcare services provided by North Lanier Weekday, I, _____, authorize North Lanier Baptist Church, North Lanier Weekday, their agents, their employees, and their assignees to photograph my child/children and to display the likeness of my child/children in promotional material, including print and Internet advertisements. I acknowledge that any digital or print photographs taken while my child/children are under the care of North Lanier Weekday or otherwise on the premises of North Lanier Baptist Church will be the property of North Lanier Baptist Church and that I may not reproduce or disseminate them without express consent.

Sign and Date:
