

**Second Baptist Church
Permission and Medical Release Form**

Participant's Name _____ Date of Birth _____

Parent/Guardian _____ Phone _____

I give permission for the above-named person to participate in the ongoing youth and children's activities of Second Baptist Church. I understand that some activities involve traveling to locations other than the church, and I give permission for the participant to ride in church-owned or church-authorized vehicles. I also authorize adult leaders/volunteers to treat the participant, as necessary, using over-the-counter medicines or applications as deemed necessary.

In Case of Medical Emergency

I understand that every effort will be made to contact me in the event of an emergency. However, permission is granted to the adult leader/volunteer from Second Baptist Church to authorize treatment by a nurse or physician – including injection, anesthesia, or surgery for the participant until such time as I can be reached. In addition, I hereby release, discharge, and hold harmless everyone associated with Second Baptist Church from any claims arising out of or related to any injury that may result while participating in church activities.

This permission/release form remains valid and applicable for all church activities, trips/retreats and events from the date of signature to December 31, 2017.

Signature of Parent/Guardian _____ Date _____

Health and Contact Information

Health Insurance Company _____

Policy Number _____

Medication currently being taken _____

Medication or food allergies _____

Emergency Contacts (where parents/guardians or others can be reached)

Name _____ Home _____ Work _____

Name _____ Home _____ Work _____