

PERMISSION RELEASE

(Please Print)

Child's Name _____ Home Phone: _____

Address _____

Parent(s) Name _____

As parent or legal guardian of the above-named child, I give my permission for my child to join the group from Brush Creek Baptist Church for the following activity:

_____ on this date: _____

I hereby release the church, Brush Creek Baptist Church, its staff and sponsors from responsibility and liability for any injury or illness or death that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state where the services are rendered, either at a doctor's office or in any hospital.

I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with the above-named child during this activity.

(Please note: Your child will be expected to behave and to be courteous to all students, teachers and other persons at all times. If your child will not comply, then he/she will be taken home.)

Signature of Parent or Legal Guardian _____

Date: _____ Emergency Phone Numbers: _____

Medical Information (Use reverse side if needed)

Allergies _____

Medication being taken _____

Physical disabilities or limitations _____

Medical Insurance Company _____

Policy Number _____

Member's Name _____