

# Parental Permission, Medical 2017 – 2018

## Information & Release Form

As parent or legal guardian, I hereby give permission for my child (listed below) to participate in activities offered by—or on the campus of—Trinity Baptist Church.

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

Does this child have any allergies, dietary restrictions, medical or health problems that would affect his/her participation in any activities? ( ) No ( ) Yes – Please Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medications being taken: \_\_\_\_\_

\_\_\_\_\_

Name, address and phone of child's physician and any other physician who should be consulted in the event of emergency or medical problems involving this child when parent/guardian can not be reached: \_\_\_\_\_

\_\_\_\_\_

Name of Insurance Co \_\_\_\_\_

Address \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone No. of Insurance Company \_\_\_\_\_

The undersigned is the parent and/or legal guardian of the minor child named above (hereinafter referred to as "Minor"). The undersigned desires for said Minor to attend and/or participate in certain ministries, events, programs, functions, and activities (hereinafter referred to as "Activity"), sponsored by, connected with, or related to Trinity Baptist Church (hereinafter referred to as "Church").

I understand and acknowledge that the Church will allow the Minor to participate in any Church activity only with my express permission. Likewise, the Church will permit the Minor to participate based on my promise to hold the Church harmless from liability arising out of the Minor's attendance and/or participation in the Activity listed above.

I have investigated—or will do so—all risks involved with the Minor's attendance and/or participation in all Activities. Furthermore, as the parent or legal guardian of the Minor, I accept—on behalf of myself and the Minors listed above—any and all risks of personal or bodily injury to the Minor or property damages associated with said Activity.

By signing this document, on behalf of myself and the Minor, I hereby release and forever discharge the Church, its pastors, officers, directors and employees, agents and any parties volunteering on behalf of the Church from all claims, damages, costs or expenses of any kind arising out of or related to the Minor's attendance or participation in Church Activities. I understand that this document is a full and complete release of all claims for personal or bodily injury and property damage which the Minor might sustain as the results of the Minor's attendance and/or participation in any Church Activity, regardless of the specific cause thereof. I further understand and agree that in the event of such personal or bodily injury to the Minor, or property damage, that I (on behalf of myself or the Minor) will not seek any type of recovery from, or bring any type of action whatsoever against, the Church or its pastors, officers, directors, employees, or agents.

I understand that, in the event my child requires medical or dental treatment while engaged in activities with Trinity Baptist Church, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the Church's sponsor or any adult counselor acting on behalf of the Church with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medical information and pertinent information. My child has permission to participate in all activities except as noted by me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

**Please have this form either:  
1) notarized, or 2) witnessed by two (2)  
individuals over the age of 18.**

Notary \_\_\_\_\_ Date \_\_\_\_\_

( ) Personally known by me ( ) Identification Presented \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_