

Appendix E
Palestine Baptist Church, Inc.
Permission Form
For Children and Youth Ministry Trips and Events

Event: _____

Dates: _____

Parental Release

My child, _____, has my permission to take part in the above stated trip, event, or camp under the appropriate supervision of adult representatives of Palestine Baptist Church, Inc.

Parents' Name

Home Address City, State, Zip

Home Phone, Work Phone and Cell Phone

Medical History for Child or Youth Participant

Doctor: _____ Doctor's Phone _____

List of current medications and dosages (if none, write none):

Allergies: (if none, write none)

Physical or emotional restrictions and/or recent illnesses (if none, write none):

Dietary restrictions (i.e. indicate if you are a vegetarian)

Date of Birth: _____ Date of last tetanus shot: _____

Social Security #: _____

Contact in case of emergency:

(Name and Relationship to Participant) (Phone)

Insurance Information

(Please attach a photocopy of your insurance card for hospital treatment.)

Insurance Company: _____

Policy and group numbers: _____

Employer or provider: _____

Authorization for Emergency Medical Treatment and Release of Liability

I, _____, hereby authorize a representative of Palestine Baptist Church, Inc. to give consent for medical treatment of my child,

_____ in the event of illness or injury. I further

release Palestine Baptist Church, Inc., its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and/or trips. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I further express my appreciation for the church, its staff, and the volunteers for giving of their time and resources to organize events and trips for children and youth. Furthermore, I understand that my child can be sent home for any reason and that I will be responsible for any expense that may result from this action.

(Signature of Parent or Guardian)

(Date)