Trip Permission & Medical Release Permission Form

Name of Child: Age:

Address:

In case of emergency, notify:

Name: Phone:

Family Physician: Phone:

Family Insurance Co.:

Phone: Insurance Policy #:

Medical conditions that currently exist:

Current medications & schedule:

Allergies (medical & natural):

Special Diet:

My child, , has my permission to travel with the leaders of Central Baptist Church. I give my permission for Central Baptist Church Staff members or sponsors in charge of this group to obtain necessary medical attention in case of sickness or injury for my child. I, the undersigned, do hereby release, remit, and forever discharge all sponsors and Central Baptist Church of Waycross, Georgia from all claims, demands, actions, or cause of action, past, present, or future, arising out of any damage of injury while participating in this event. This permission form covers all student ministry activities at Central Baptist Church for the 2016 calendar year, and will be kept on file until Dec. 31, 2016.

This day of , 2016.

Signature of Parent Address

 Phone Number Alternate Phone

Notary