

2017 PERMISSION and MEDICAL RELEASE FORM

Child's Name: _____ Age: _____ Birthdate: ____ - ____ - ____

Address _____ Zip code: _____

Grade: _____ Home Phone: _____ Cell Phone: _____

To Whom It May Concern:

The undersigned does hereby give permission for the above-mentioned child to attend and participate in the following trip(s):

Summer Activities

Activity:	Date:	Check for attendance:
- Family Ski Retreat	February 17-20	_____
- Treetop Family Adventure	May 31	_____
- Maryland Mission Trip	June 17 – 24	_____
- MFuge and Beach	July 17-23	_____
- Six Flags	July 31	_____
- DNow	August 11-13	_____
- Atlanta Serve	October 11-13	_____
- Student Christmas Party	December 2	_____

I hereby agree to hold harmless and release from liability First Baptist Church of Alexander City, AL or any employee or representative thereof for any action, claim or damage that may arise as a result of my child's participation in and travel to and from the above events.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment rendered in case of an emergency.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Riverchase Baptist Church.

Hospital Insurance: Yes No (circle one) Insurance Company: _____

Policy# _____ Group# _____

Parent/Legal Guardian (signature) _____ Date _____

Parent/Legal Guardian (signature) _____ Date _____

Notary Signature: _____

Seal:

Medical and Contact Info

Physician: _____

Office phone number: _____ Emergency phone number: _____

Current medication (s): _____

Reasons (s) for taking the above medication (s): _____

Recent injure/illness/surgery: _____

Special Problems: (circle or write-in and explain in comments)

Asthma Diabetes Epilepsy Heart problems Allergies

Other: _____

Comments: _____

Guardian Name (1): _____	Contact #: _____	Type _____
	Contact #: _____	Type _____
Guardian Name (2): _____	Contact #: _____	Type _____
	Contact #: _____	Type _____
Other Emergency Contact: _____	Contact #: _____	Type _____