

**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**

<b>Activity:</b>	<b>Date:</b>	<b>Check for attendance:</b>
- 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	_____
- 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 _____