

## Permission and Medical Release Form

I, \_\_\_\_\_, give my permission for

\_\_\_\_\_ (child's name)

to participate with the Children's Ministry Of **Emmanuel Baptist Church**,  
**719 N Kansas, Weatherford, Oklahoma 73096** on trips and events from  
May 24, 2018, - September 30, 2018

### Emergency Medical Information

#### **Participant Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security # \_\_\_\_\_ home phone \_\_\_\_\_

Please list any medical conditions, injuries, or allergies: \_\_\_\_\_

#### **In case of emergency contact**

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

#### **Physician Information:**

Physician \_\_\_\_\_ phone \_\_\_\_\_

**Insurance:** We require each participant to be covered by sufficient health/accident insurance.

Company \_\_\_\_\_ Effective date \_\_\_\_\_

Group I.D. # \_\_\_\_\_

**Medical Release:** In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader for Emmanuel Baptist Church. I also release Emmanuel Baptist Church and its program staff of liability in the case of accidents or injuries to

\_\_\_\_\_ (name of child) while attending: church sponsored events/activities

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)