

CHURCH ACTIVITY PERMIT & MEDICAL RELEASE FORM

I _____ the parent or legal guardian of _____, who resides at

(Address)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Give my permission for _____ to participate in the various activities and trips sponsored by Community Baptist Church, Edwardsburg, MI. I here by sign this form releasing the church of any costs incurred for medical treatment in emergency situations for the minor listed above. This includes permission for transportation in a vehicle driven by church approved drivers.

In case of an accident or other emergency I give my permission for medical treatment by a licensed doctor or emergency treatment center to administer the necessary treatment needed.

Family Physician : _____ Phone: _____

Date of last tetanus shot: _____ In case of an emergency, who should we contact, if unable to reach you at the phone numbers listed above.

Phone: _____

(Name)

(Relationship)

Date: _____

(Signature, Please give relationship to minor)