

EASTERN SHORE BAPTIST CHURCH PERMISSION FORM

I give permission for my child to participate in various activities sponsored by Eastern Shore Baptist Church, Daphne, Alabama, during the period of January 1, 2010 through December 31, 2010. I understand that these activities may include transporting my child by bus, car, or other means from one location to another and may include amusement park rides and other forms of entertainment which might be available during these activities. I will not hold Eastern Shore Baptist Church or any other sponsor or co-sponsor liable for any injury which my child may incur.

MEDICAL RELEASE

Participant's Name _____ DOB _____ Age _____

Address _____

SS# (for Hospital use If needed) _____

Parent or Guardian Name _____

Parent or Guardian Home Phone# _____ Cell Phone# _____

Insurance Company _____ (Please attach copy of Ins. Card)

Policy Number _____ Group Number _____

Physician's Name _____ Phone # _____

**ALLERGIES TO MEDICATIONS OR
FOOD** _____

**EXISTING MEDICAL
CONDITIONS** _____

**LIST ANY MEDICATIONS YOUR CHILD IS CURRENTLY
TAKING** _____

Emergency
Contact _____ Phone# _____

Second Emergency Contact _____ Phone # _____

In the event of a medical emergency, I hereby grant permission for proper medical attention to be given to _____, of whom I am legal guardian. I also grant permission for my child to be admitted into a medical facility, if deemed necessary by an attending physician in consultation with the leaders and adult sponsors of Eastern Shore Baptist Church. I also agree to assume responsibilities for any reasonable and necessary charges incurred during such a hospital stay. I also grant permission for Eastern Shore Baptist Church Nurses to administer over-the-counter medication if needed and to administer prescription medications my child is currently taking as directed by their physician.

Guardian's

Signature _____ Date _____

Relation to Child _____

DISCIPLINE RELEASE

I have been informed of and understand the rules pertaining to the trip that my student is participating in. I understand that if at any time my student refuses to abide by or continually disregards the rules as set forth, or if my student becomes destructive, he or she will be sent home at my expense on the safest and quickest transportation available.

Parent or Legal Guardian Signature _____ Date _____

Participant's Signature _____ Date _____

FORM MUST BE NOTARIZED IN ORDER TO PARTICIPATE

NOTARY SEAL

Name _____

Date _____

License# _____