

Northside Baptist Church Youth Department

2008 Medical Release and Permission Form

I give my child, _____, permission to participate in Northside Baptist Church youth group activities.

Effective Dates 01-01-08 till 01-01-09

Name _____

Medications taken regularly _____

Reason for taking medication _____

Allergic reactions: (bee stings, penicillin, or other) _____

Type of reaction and treatment given _____

Any specific activities to be restricted _____

Reason for restrictions _____

Date of last Tetanus Shot _____

I release Northside Baptist Church from liability for any injury that my child may sustain during the year and authorize the medical treatment of my child by an adult, in my absence, in the case of emergency or accident.

Parent's signature

Parent's name (print)

Date

Insurance company _____

Insurance phone # _____

Insurance policy # _____

Name on policy _____

Parent's Emergency Contact Numbers

Home _____

Work _____

Cell _____