

Trinity Baptist Church
Permission and Release Form
2003 Charleston Highway, Cayce, SC 29033
Phone: (803)791-0440

Name: _____ Age: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
In Case of Emergency Notify: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy Number: _____
Immunizations: Tetanus Polio Booster Measles Mumps Other: _____

Allergies: Food: _____
Penicillin or Other Drug (Name): _____
Poison Sumac, Oak, Ivy: _____

Current Medications (List): _____

My child, _____, has permission to participate in all activities and field trips during the time of _____ to _____.

_____ Date _____ Parent/Guardian's Signature

My permission is granted for the person in charge to obtain necessary medical attention in case of sickness or injury of my child.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while involved in any activity of Trinity Baptist Church.

Dated this ___ day of _____, 2_____
State of South Carolina, County of Lexington

Parent or Guardian's Signature

On this ___ day of _____, 2_____, personally appeared before me, _____, personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this ___ day of _____, 2_____.
My commission expires _____.

Notary Public

