

Children/Youth Events 2017-2018

Eastern Hills Baptist Church

Parent/Medical Release

Participant's Name _____ DOB _____ Grade _____

Parent's Name _____ Work Phone _____

Parent's Home Phone _____ Cell Number _____

Any other emergency contact numbers _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____ Policy # _____

(Please PHOTOCOPY your insurance card (front/back of card) on the back of this form.)

Family Doctor _____ Phone _____

Medications taking currently _____

List Physical Disabilities _____

List Allergies: FOOD _____

DRUGS _____

INSECT STINGS _____

PLANTS _____

PARENT RELEASE (Please NOTARIZE)

As the parent of _____, I give my permission for my child
(Student's name)

to participate with the EASTERN HILLS BAPTIST CHURCH YOUTH MINISTRIES on all retreats, outings, fellowships, camps, trips and events from September 2017- September 2018. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my son/daughter named above. I understand that every effort will be made to contact me before these actions are taken.

I verify the above information is correct and release EASTERN HILLS BAPTIST CHURCH and all sponsors on this trip from any and all claims, demands, actions, and cause of actions.

I also give permission for my child to be in photos, videos, & social media, to highlight this trip and advertise future trips & events.

Parent/Guardian Signature _____ Date _____

Relationship to participant _____

NOTARY should fill out the following

State of _____, County of _____

Sworn to and Subscribed to me this _____ day of _____, 20 _____.

Notary Public Signature _____

My Commission Expires _____

Circle T-shirt Size: S M L XL XXL XXXL XXXXL