

Permission Slip/Release Form

Name _____ Age _____

Address _____ Zip _____

In case of emergency, notify:

_____ Phone _____

Pager _____ Cell Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy No. _____

My permission is granted for First Baptist church staff member or sponsor in charge of

_____ on _____
(activity) (date)

to transport my child to the said destination and to obtain necessary medical attention in case of sickness or injury for _____
(name)

I/we, the undersigned, do hereby release, remise and forever discharge all sponsors and First Baptist Church of Cedar Hill, Texas, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event.

Dated this _____ day of _____, 20____.

Signature of Parent/Guardian

Past Medical History

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

Allergies to any medications _____

Allergies _____ Current medication _____

Other information deemed necessary _____