

SHERMONT BAPTIST CHURCH

PERMISSION SLIP / ACTIVITY LIABILITY / MEDICAL RELEASE FORM

I give _____ permission to participate in the Youth/Children activities provided by Shermont Baptist Church. I also give permission for their photo to be used in a Shermont Baptist Church publication or promotion in print or social media.

LIABILITY RELEASE:

In the event of an accident or personal injury, it is understood that the undersigned parent or guardian agrees to accept full responsibility for their child's participation in any church related or church-sponsored activity and to hold harmless Shermont Baptist Church and its leaders and volunteers.

MEDICAL RELEASE:

I give permission for _____ to be administered medical aid by a physician or a hospital staff member if a need arises.

Name: _____ School Grade: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Parent / Guardian(s) Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

List **at least one** Emergency Contact other than parent / guardian and phone number:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Name of Insurance: _____ Group # or Policy # _____

List any Medical Allergies or physical conditions that require special attention:

Signature of Parent/Guardian: _____ Date: _____