

Union Baptist Student Ministries
Permission Slip & Medical Release

Student's Name _____

Date of Birth _____ Current Grade _____

Parent/Guardian Name(s) _____

Home Phone # _____ Work Phone # _____

Address _____

City _____ State _____ Zip Code _____

Please list a relative (other than parent) as an emergency contact:

Name _____ Telephone _____

List any known allergies _____

Date of last tetanus shot _____

Please list any other information we might need to be aware of regarding the physical condition of your child _____

Is your child currently on any medication? () Yes () No

If yes, please list and explain _____

I give my permission for my child to go on any church sponsored activity with Union Baptist Church, Griffin, GA, and to travel in church provided vehicles when necessary. In the event of an emergency, when medical treatment is required, I give my permission to the staff or adult representing Union Baptist Church, Griffin, GA, to obtain the services of a licensed physician. By affixing my signature below, I do hereby agree to hold harmless and indemnify Union Baptist Church, Griffin, GA and all agents and representatives thereof (the Release) from any and all claims of losses, injuries or damages, that may result from my child's participation. I further agree to waive any rights of legal action against the said releases.

This permission slip and medical release is valid one year from the date signed.

Parent's Signature _____ Date _____

****Please attach a photocopy of child's Medical Insurance Card (front and back).****