

Permission Slip and Medical Release Form

As a parent or legal guardian, I hereby give permission for my child,

_____ to participate in

_____ with Eliam Baptist Church. I further authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis and treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. I agree to be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services. I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above event. In no way shall I hold Eliam Baptist Church and its representatives accountable for any injury and/or subsequent expense incurred by the participant. By signing below, I acknowledge and accept the risks of injury associated with participation.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian, if participant is a minor:

_____ Date: _____

In the event of an emergency, you may contact me at the address and phone number below:

Eliam Baptist Church
6009 Hampton St
Melrose, FL 32666
(352) 475-2820

STUDENT INFORMATION

Student's Full Name _____

Birthday: _____ Phone Number: _____

Parent or Guardian Name: _____

Home Address: _____

_____ Business Phone _____

Second Contact: _____

Relationship to student: _____ Phone: _____

Address _____

_____ Business Phone: _____

Does this student have any allergies or dietary restrictions. If yes, please describe.

Does this student have any medical or health problems? _____

If yes, describe the problem. _____

State the name, address, and phone number of the physician who should be consulted in the event of an emergency. _____

Is the child on any medications? If so, please name the medication. _____

Comments or suggestions from the parent or guardian concerning this student:

Insurance Information:

Name of Insurance Company: _____

Address _____

Policy Number _____ Group Number _____

Name of Policy Holder _____

Phone Number _____