

PARENT PERMISSION AND MEDICAL RELEASE FORM

Date _____

My son/daughter, _____, has permission to participate in church sponsored activities of The Bible Church of Little Rock. Please list any activities that your youth should not participate in physically because of a medical condition: _____ . I hereby consent to any medical treatment deemed necessary while participating in church sponsored activities. It is understood that the authorization is given in advance of any specific diagnosis, treatment or medical care and is given to provide specific consent to any medical care or treatment deemed necessary and advisable by a duly-licensed physician.

I assume the risk and financial responsibility for any injury or liability resulting from my son/daughter's participation. Any special medical needs are noted below or attached in writing to this form.

I also give my permission for my child to be transported to and from the church sponsored activities in a church vehicle or other vehicle used for the specific purpose of a church sponsored activity.

This authorization shall remain effective through _____ (18th birthday) unless sooner revoked in writing.

Further, I agree to hold harmless, indemnify and defend The Bible Church of Little Rock from any and all liability which may result from participation in church sponsored activities.

In the event any provision of this release is ever deemed to be unenforceable, all other provisions shall remain in full force and effect.

Parent/Guardian Signature: _____
Name of Health Insurance Firm: _____
Health Insurance Policy Number: _____
Family Doctor: _____ Phone: _____

INFORMATION: (PLEASE PRINT)

Student's full name: _____
Address: _____
Phone: _____ Birth Date: _____
Parent's full name: _____
Work Phone: _____ Place of Employment: _____
If parents cannot be reached, call: (Name) _____ Phone: _____
Allergies (drugs & other), or other relevant medical information: _____

****Please fill out a new form if any of the above information changes****