

MEDICAL PERMISSION FORM FOR OLD RIVER BAPTIST CHURCH ACTIVITIES

Today's Date: _____ Event Name: _____
 Name: _____ Social Security No: _____
 Address: _____
 Birth Date: _____ Grade: _____ Cell Phone: (_____) _____
 Home Phone: (_____) _____ Email: _____
 Parent/ Legal Guardian: _____ Relationship to you: _____
 Parent/ Guardian Phone Number: Daytime (_____) _____ Evening (_____) _____
 Parent Email: _____
 Person to Notify in Event of Emergency: _____
 Relationship to You: _____ Phone Number: _____
 Family Physician: _____ Phone: _____
 Medical Insurance Co: _____ Plan or Group #: _____
 Insured ID or Member#: _____ Ins. Co. Phone: _____
 Please list any allergies, medical conditions, and or physical limitations: _____

To be filled out by parents:

I, _____ being the legal guardian of _____
 give my permission to Old River Baptist Church sponsors, staff, or group director to provide
 medical treatment that may be deemed necessary to insure the well-being of the named student.
 I, the under-signed, do hereby verify that the above information is correct and I do hereby release
 and forever dis-charge all from any and all claims, demands, actions, or cause of action arising
 out of damage or inquiry while participating in Old River Baptist church sponsored activities.

X _____ (_____) _____

Required Parent of Legal Guardian Signature **Date** **Phone Number**

I, _____ (Student) agree to behave and act in a Christian
 manner, follow the rules, treat others with respect, and be held accountable for my actions. I
 understand that if I am unable to follow the terms of this agreement, that my parents will be
 contacted and I will be removed from the event at the guardian's/ parent's expense. I will forfeit
 remaining event time and tuition.

X _____ (_____) _____

Required Student Signature **Date** **Phone Number**

X _____ (_____) _____

Required Parent of Legal Guardian Signature **Date** **Phone Number**