

Green Acres Baptist Church
PERMISSION SLIP/MEDICAL RELAEASE FORM

As a parent/legal guardian of _____, I give permission for the subject of this release to be involved in the overall activities of Green Acres Baptist Church, including games, retreats, transportation and trips.

I/We agree that the subject of this release will abide by all the rules and regulations set forth by the Youth Pastor. I/We, also, acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Green Acres Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Green Acres Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)

Student Signature (Required)

Parent /Guardian Signature

Date

Address/City/Zip _____

(H) Phone # _____

(C) Phone # _____

(W) Phone # _____

Health/Med. Ins. Co.

Policy Number

Please list below any allergies and/or medical conditions the subject of this release may have. Also, list any prescription medication he/she may be taking at this time.
