

Forest Meadow Baptist Church
Consent to Travel/ Permission to Treat / Release

General Information

Name _____ Age _____
Address _____ City, State, Zip _____
In case of Emergency notify _____ Phone _____
Family Physician _____ Phone _____
Family Insurance Company _____ Policy # _____

Medical Information

Previous Operations or Serious Illness _____

Current Medications (list) _____

Allergies Food _____
 Insect Stings and/ or bites _____
 Medications _____
 Other _____

Please tell us if there are any medical concerns with which we should be made aware.

Such as: Asthma _____ Sinusitis _____ Bronchitis _____ Diabetes _____ Hay Fever _____

Other _____

Consent for Travel / Permission to Treat/ Release

I authorize my child to participate in the _____ under the care and authority of Forest Meadow Baptist Church from _____ through _____. I understand that my child will be supervised by adult members of this church. I agree, as does my child, that my child will be submitted to the Leadership and any and all rules both written and spoken, or otherwise implied for the entirety of the trip.

Permission is granted for any of the group sponsors and of members of Forest meadow Baptist Church to obtain necessary medical attention in case of sickness or injury to the one listed. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Forest Meadow Baptist Church or it's agents from any or all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in activities with this church. I also give permission for any photograph or video of my child taken while with this group to be used in marketing for promotional printed / digital material.

Printed Name of Attendee _____

Signature of Attendee _____ Date _____

Printed Name of Parent or Guardian _____

Signature _____ Date _____