

PERMISSION SLIP FOR VICTORY MISSIONARY BAPTIST CHURCH – RUSSELLVILLE, AR

AUGUST 1, 2019 – AUGUST 31, 2020

PERMISSION/MEDICAL RELEASE FOR

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

BIRTHDATE ___/___/___ **SCHOOL** _____ **GRADE** _____

PARENT/GUARDIAN’S NAME _____

VISITOR? WHO INVITED YOU? _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF **VICTORY MISSIONARY BAPTIST CHURCH OF RUSSELLVILLE, AR**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR’S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT FROM **August 1, 2019 – August 31, 2020**

DATE: MO/DAY/YR PARENT’S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS _____

MEDICAL INSURANCE CO. _____

NAME OF POLICY HOLDER _____ POLICY # _____

You will not be allowed to go on any youth trip off-campus with Victory Missionary Baptist Church without a permission slip signed by your parent/guardian on file.

