

# Highland Baptist Church Children's Ministry Permission Form – 2019

Child/Children's Name(s) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text: Y or N

Mom's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text: Y or N

Other Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Text: Y or N

## **Medical Information**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does your child have any medical problems we should know about if medical treatment should become necessary? (allergies, medication he/she cannot take, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication your child takes on a regular basis or is now taking. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any other medical information you feel we should know about your child? (food allergies, etc.)

\_\_\_\_\_

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

The following person/people has/have permission to pick-up and/or drop off my child/children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Initial \_\_\_\_\_

# Parental Consent/Medical Release Form

I/We, the undersigned, do consent to allow our child/children, \_\_\_\_\_, to participate in the children's activities at Highland Baptist Church. If any medical problems should arise while my child is participating and I cannot be contacted, I hereby give Dana Casey, Highland Baptist Church, or any other adult chaperone, permission to select a physician and/or hospital to hospitalize, treat and order injections or surgery for child/children named herein.

I/We as parents and/or guardians of \_\_\_\_\_ (Child/Children's Name) do hereby release and waive on my behalf, as well as that of Highland Baptist Church, any claim for damages or injury to the person/property of \_\_\_\_\_ (Child/Children's Name), on account of the natural or expected risk involved with travel or participation in the typical children's activities. (An example of this would be if your child was injured while playing a softball game.)

Child/Children's Name

\_\_\_\_\_  
\_\_\_\_\_

----- **DO NOT FILL OUT BELOW UNTIL YOU ARE WITH A NOTARY** -----

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, personally known to me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature