

Youth Permission Form - 2019

Youth Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Home Phone _____ Work # _____ Cell # _____

Dad's Name _____ Work # _____ Cell # _____

Mom's Name _____ Work # _____ Cell # _____

Other Contact Person _____ Phone # _____ Cell # _____

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.) _____

I/We, the undersigned, do consent to allow our child, _____, to participate in the youth activities for **2018** at Highland Baptist Church. If any emergency medical problems should arise while my child is participating and I cannot be contacted, I hereby give Highland Baptist Church, Meridian, Mississippi permission to select a physician and/or hospital for my child's emergency care. I hereby also give the physician and/or hospital as selected by permission to hospitalize, treat and order injections or surgery for child named herein.

I/We as parents and/or guardians of _____ (Child'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's Name), on account of the natural or expected risk involved with travel or participation in the typical youth activities. (An example of this would be if your child were injured while playing a softball game.)

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

Youth Name: _____

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 Public