

# EVENT PERMISSION FORM

## Medical Release



Event Name/Location: \_\_\_\_\_ Event Date(s): June 28 - July 2, 2026

Participant's Name: \_\_\_\_\_  
*First* *Middle Initial* *Last*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M

**Parent or Legal Guardian:** \_\_\_\_\_  
*First* *Middle Initial* *Last*

**Home Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_

*City* *State* *Zip*

**Contact Numbers:** Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_  
*Name* *Relationship* *Number*

The undersigned does hereby give permission for my child to ride the church bus, church van, or other private vehicle provided, for use in all activities sponsored by Bethel Baptist Church.

In case of an emergency, we (I) authorize an adult in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic, medical, surgical, or dental diagnosis; treatment and hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in this activity.

We (I) do hereby release, forever discharge and agree to hold harmless Bethel Baptist Church and the directors/employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above trip or activity.

Health Insurance? Yes ( ) No ( )

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child take any medicine or treatment now? **YES NO** If so, what? \_\_\_\_\_

Has this child ever had a reaction to a bee, wasp or hornet sting? **YES NO**

Is this child restricted from sports or swimming? **YES NO** Date of last tetanus toxoid immunization: \_\_\_\_\_

Does child have: sinus trouble \_\_\_ hay fever \_\_\_ heart trouble \_\_\_ epilepsy \_\_\_ asthma \_\_\_ diabetes \_\_\_

List any allergies to food or drugs: \_\_\_\_\_

Signature of Father/Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ appeared before me on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ producing picture identification or is personally known by me.

\_\_\_\_\_  
*Notary*

\_\_\_\_\_  
*Seal*