

# CALVARY BAPTIST CHURCH - CHILDREN

1123 Hwy 42, Petal, MS 39465

Phone: 601-583-8309

## MEDICAL RELEASE & PERMISSION FORM – 2017

CHILD \_\_\_\_\_ PARENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP OF NEAREST KIN TO BE CONTACTED IN THE EVENT OF AN EMERGENCY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICINE CURRENTLY TAKING \_\_\_\_\_

\_\_\_\_\_

ALLERGIES \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # (if necessary) \_\_\_\_\_

Social Security # of person who is primary carrier \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # (if necessary) \_\_\_\_\_

Social Security # of person who is primary carrier \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY I, THE UNDERSIGNED, GRANT PERMISSION TO THE CALVARY BAPTIST CHURCH STAFF OR REPRESENTATIVE TO TAKE THE ABOVE LISTED PERSON TO THE NEAREST MEDICAL FACILITY OR PHYSICIAN. I ALSO RELIEVE CALVARY BAPTIST CHURCH OF ANY RESPONSIBILITIES OR LIABILITIES FOR ANY LOSS OR INJURY INCURRED ON THIS FUNCTION.

DATE: \_\_\_\_\_

SIGNATURE (Person Responsible): \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

(THIS FORM WILL COVER ANY AND ALL EVENTS AND TRIPS MADE WITH CALVARY BAPTIST CHURCH CHILDREN FOR THE YEAR.)