



Activity Permit

To whom it may concern: As a parent and or guardian, I authorize treatment, under the direction of any licensed physician, of the below named minor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below. The undersigned assumes the responsibility for any costs connected with such treatment and releases the church, and its sponsors from any liability.

Name of Minor _____ Relationship _____

Address _____ City/ST/ZIP _____

Phone: Home: _____ Work _____ Cell _____

Family Physician _____ Physician's# _____

Other contact person: Name _____ Phone _____

Date of Last Tetanus Shot _____ Specific medical allergies, chronic illnesses, or other conditions _____

Insurance Information

Insurance Co. _____

Address _____ Phone _____

Insured person _____ Group Number _____

Policy Number _____ Employer _____

During the year, we may take pictures of the ministries that our church provides. If your child is in any of these pictures, do we have your permission to use them for promoting our church (brochures, church website, etc.)?

Please indicate your answer: ___ Yes ___ No

Date or dates when release is intended: June 1, 2018 – July 30, 2019. This release form is completed and signed of our own free will with the purpose of authorization of medical treatment under emergency circumstances in my absence, releasing Mt. Zion Baptist Church and its sponsors of any Liability.

PARENT OR GUARDIAN