

Permission Release Form

Student Name _____

Birth date/Grade _____

I give permission for (name of child) _____ to attend the Bike Ride and Camping on August 8-9, 2020 with Trinity Baptist Church. I hereby release Trinity Baptist Church and their staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as any emergency arises involving my child.

Signature of parent or legal guardian _____ Date _____

Print Name _____

Emergency phone number _____ - _____ - _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy Number _____

Member's name _____