

# Victory Baptist Church Activity Permission Slip

Activity Name \_\_\_\_\_

For activity dating from \_\_\_\_\_ to \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

## Medical Profile

List any conditions of which the leaders should be aware: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any medications to which you are allergic: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Parental/Guardian Authorization

I give permission to my son/daughter to participate in this activity sponsored by Victory Baptist Church.

Should emergency medical treatment be necessary I authorize Victory Baptist Church and its representatives to act on my behalf and seek appropriate treatment.

This health history is correct so far as I know, and in the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by Victory Baptist Church and its representatives, to hospitalize, secure proper anesthesia, or to order injection for my son/daughter.

I will not hold Victory Baptist Church or any of its representatives liable for my son/daughter's actions. I also release from any liability Victory Baptist Church and its representatives, sponsors, and staff in the event of any accident en-route, during or returning from the activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize ONLY the following people to remove my son/daughter from the activity site:

List Name & Relationship: \_\_\_\_\_

\_\_\_\_\_