

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of the First Missionary Baptist Church of Armona and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the First Missionary Baptist Church of Armona, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the First Missionary Baptist Church of Armona written notice to the contrary.

Parent/Guardian signature: _____ Phone: (____) _____
 Street: _____ City: _____ Zip: _____
 email: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of the First Missionary Baptist Church of Armona. This permit is in effect until I give the First Missionary Baptist Church of Armona written notice to the contrary.

Parent/Guardian signature: _____
 Health Insurance Company: _____ Subscriber's Name: _____
 Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain:

Is he/she required to take any medication? ___yes ___no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain.

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain.