

FAIRVIEW BRETHREN IN CHRIST YOUTH MINISTRY

PERMISSION SLIP and MEDICAL RELEASE FORM

Event: _____

Date: _____

Participant's Name

Street Address

City _____ Zip _____

Current Grade _____ Date of Birth _____

I hereby grant permission for my child to participate in the above activity of the Fairview BIC Church Youth Group. I understand that my child participates in these activities at their own risk and that the Fairview Brethren in Christ Church and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

I recognize that the Fairview Brethren in Christ Church uses photographs and video images of events in our publicity materials such as the church website, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

I am responsible for any medical expenses.

Signed: _____ Date: _____

(parent or legal guardian)

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Health Insurance Provider: _____

Group Name/Number: _____ Account: _____

Emergency Contact: _____ Phone: _____