

PERMISSION FORM

River Bend Baptist Church – 27600 FM 1093 Rd. – Fulshear, TX 77441 – 281-346-2279

I hereby give my permission for _____ to take part in various church-sponsored trips, outings, and camps. I further give my permission for the church representatives or sponsors of the trips or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church representatives or sponsors from liability for accident or injuries on the trips or activities.

Home Address of above child/student _____

City, State, and Zip Code _____

Home Phone _____ Date of Birth _____

In case of emergency, please contact

Father _____ Phone Number _____

Mother _____ Phone Number _____

Doctor _____ Phone Number _____

Friend or Relative _____ Phone Number _____

Any other work or cell number that might be needed _____

List known food/drug allergies and/or medical conditions _____

Medication taken regularly and reason _____

Swimming _____ is a non-swimmer, fair swimmer, or good swimmer.

Name of student

Family Medical Insurance Co. _____

Policy Number or Group Number _____

If necessary to verify coverage call _____

Policy Holder and Social Security Number _____

I agree to and understand all information listed on this form. Should any of the above information change, I understand it is my responsibility to notify the church office.

If you prefer this form to be valid for two (2) years from the date signed, it must be notarized. If this form is not notarized, this permission form will be valid only for the event and date(s) indicated below.

Specific event _____ on _____.
Title of event Date

THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN IN ALL INSTANCES.

Signature _____ (Parent or Guardian)

Printed name of parent or guardian signing above _____

Signed before me this _____ day of _____ 20_____

_____, Notary My Commission Expires _____