

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 \_\_\_\_\_

May we have permission to photograph your child(ren)?  Yes  No

May have permission to use your child(ren)'s photograph in church publications, including website and E-blasts?  Yes  No

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 \_\_\_\_\_