

Barnett Road Baptist Church

YOUTH MINISTRY PERMISSION SLIP

YOUTH NAME _____

PARENT'S/GUARDIAN'S NAME _____

Emergency phone: (_____) _____

Medical/other information

The youth named above **is/is not** (circle one) covered under medical insurance.

Name of Policy Holder: _____

Insurance Company Policy #: _____

Allergies to medications, food, or other pertinent medical information:

My child is taking the following medications: (dosage, schedule, . . .)

In the case that I am unable to be reached in the event of a medical emergency, I hereby give my consent for my child to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

I hereby give my consent for the youth listed above to participate in the scheduled Barnett Road Baptist Church youth sponsored events. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but BRBC will not be held responsible in case of an accident. **I agree to accept all legal, medical and financial responsibility for my child.**

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Please fill out and return to Barnett Road Baptist Church prior to the event.