



Permission to Participate and Consent To Obtain Medical Care

Child's Name: _____ Teacher: _____

My/Our child has my/our permission to participate in any trip or outing sponsored by BRAINERD BAPTIST SCHOOL, Chattanooga, Tennessee (the "School") during the school year **20**____- **20**____. I/we acknowledge that I/we have had an opportunity to discuss with representatives of the School the nature of the activities my/our child will participate in, including arrangements for travel, food, housing, and supervision, and, on my/our behalf and on behalf of my/our child, I/we assume all reasonable risks associated with these activities.

I/We authorize the School to obtain medical care for our child if he/she becomes ill or is injured during this activity and I/we agree to bear the cost of any medical care provided for him/her.

My/Our child is covered by the following medical insurance policy:

Insurance: _____

Policy/Group Number: _____

Employer/Sponsor: _____

Employee/Insured: _____

Employee/Insured Identification Number: _____

Information concerning this insurance can be obtained from, and claims should be submitted to:

Agency: _____

Telephone: _____

My/Our child is not allergic to any medications or other substances (such as bee stings or medications for bee stings), does not have any chronic condition, is not currently taking any medications, except:

My/Our child has _____ has not _____ had a Tetanus shot within the last five years.

I/We have provided representatives of the School with written instructions describing the names, dosages, and schedules of any medications that I/we desire that my/our child receive while on this activity.

Parent/Guardian: _____

Telephone: (Cell) _____ (Work) _____

If the School is unable to reach me/us in an emergency, please contact:

Name: _____

Telephone: (Cell) _____ (Work) _____

Father/Guardian

Mother/Guardian

Signed before me this _____ day of, _____, 20____.

My commission expires: _____

Notary Public

**THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC.
PLEASE DO NOT SIGN IN ADVANCE.**