

Ingleside Baptist Church
Permission for Activity Participation and Medical Treatment

Activity /Event: _____ **Date of Event:** _____ **Tshirt size:** _____
Participant Name: _____
Address: _____ (Last) _____ (First) _____ (Middle) _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Social Security Number:** _____

Insurance

Insurance Company: _____
Address of Insurance Company: _____
Insurance Company Phone Number: _____
Policy Number: _____ **Group Number:** _____

Medical

Medical Conditions: _____
Any Allergies: _____
Current Medications: _____

In Case of Emergency

Name of Person(s) To Contact: _____
Address: _____
Home Phone: _____ **Work Phone:** _____

Authorization

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of this form. I understand that all reasonable safety precautions will be taken at all times by Ingleside Baptist Church or it's agents in the event of any accident, injury, or disease incurred by the subject of this form. I understand that in the event medical treatment intervention is needed, every attempt will be made to contact the person(s) above immediately.

I hereby release Ingleside Baptist Church, it's staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity.

Signature of Parent/Guardian _____ **Date** _____