

HGBC Youth Ministries ACTIVITY PERMISSION SLIP

CHURCH Hillmon Grove Baptist Church

CITY Cameron **STATE** NC

EVENT _____ **EVENT CITY** _____ **STATE** _____

EVENT DATE _____

To Whom It May Concern:

As parent and / or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his / her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases the church where the child attends Hillmon Grove Baptist Church Youth Ministry Activities from liability.

Name of Minor _____ Relationship _____

Date or dates when release is intended: _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other conditions _____

_____ Date of Last Tetanus Shot _____

Other contact in case of emergency: Name _____ Phone _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ **Date** _____

Circle One: Father Mother Legal Guardian