

# Battle Ground Baptist Church - Youth Ministry Permission Slip

**Event:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

Student Name (printed): \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Release of Liability & Consent to Medical Treatment

In consideration of the privilege to participate extended to the person named on this form by Battle Ground Baptist Church, through its officers, agents, servants and employees, I/We do hereby, for myself, my heirs, executor and/or administrator, release and discharge Battle Ground Baptist Church and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to, any accident while traveling to and / or participating individually or with others in the above mentioned program and/or event.

I/We the undersigned do hereby give permission to Battle Ground Baptist Church and its representatives to obtain any necessary medical treatment for the person named above during the conduct of this program sponsored by Battle Ground Baptist Church.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Full name of the policy holder: \_\_\_\_\_

Policy holder's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency phone contacts

Primary Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Please describe below any medical needs, including dietary needs, and existing allergies your child has which may affect their participation:

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Please describe below at physical, mental, or emotional, limitations or considerations which may affect and / or limit your child's participation:

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