

Permission Form for

(event)

Southern Crescent Baptist Church

This is to certify that my child _____
has my permission to participate in _____(event) and to
ride on transportation provided by Southern Crescent Baptist Church to and from
all events. I give permission for my child to receive medication and emergency
treatment if necessary in the event of illness or accident. I give Southern Crescent
Baptist Church leadership permission to make a decision concerning emergency
treatment.

I understand that as a participant my child may be photographed or videotaped
during this event and these photos/videos may be used in promotional materials.

I also understand that there is no Accident, Liability, or Medical Payments
Insurance Coverage furnished by Southern Crescent Baptist Church. In the event
that my child is in need of medical treatment, I accept responsibility for the full
payment of treatment needed.

Signature of Parent/Guardian _____
(PLEASE USE DARK BLUE OR BLACK INK - NO RED INK, PLEASE)

Please Print Parent's Name _____

Medical and/or hospital insurance company _____

Policy # _____

Subscriber name: _____

Emergency Contact Number _____

Student's Home Address _____

City, State & Zip Code _____

Date of Birth _____ Grade _____

Any medical conditions or medications to be made aware of:

