Shades Crest Baptist Church Permission/Medical Release 2024-2025

Name		T-shirt Size (adult size)	Grade Date of Birth
Address	Email		
Parent's Names & Phone Numbers	s In Case of Emergency		
Mother's Name	Phone	Email _	
Father's Name	Phone	Email	
Other (Name and Relationship)			
Insurance Company			Phone
Contract Number		Group Number	
COMMENTS	food/drug/animal) or Any CON bhilia, allergic reactions, etc.)	DITION REQUIRING SPECIAL If yes, please identify and,	CARE ? /or give desired procedure to follow
STUDENT MEDICATION (to be com Name/Type Medication	· · · ·	Time of Day to Administer	Possible Side Effects
NOTE: All medication should have I authorize a representative of Shad for any emergency medical treatme	des Crest Baptist Church to see	k and sign for treatment of _	(son/daughter) treatment of patient.
Date	Signature of Parent/Guardian		
My child has permission to attend a from such activities by church bus o when deemed appropriate by the l	or charter bus. I also give perm	-	-
Date	-	nature of Parent or Guardiar	
State of			
County of			
Sworn to and subscribed before m	e on theDay of	, 20	
		lotary Public in and for the S Ay Commission expires	itate of