

Shades Crest Baptist Church Permission/Medical Release 2026-2027

Name _____ T-shirt Size (adult size) _____ Grade _____ Date of Birth _____

Address _____ Email _____

Parent's Names & Phone Numbers 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 _____

GENERAL MEDICAL INFORMATION (to be completed by parent/legal guardian): **TETANUS BOOSTER** (Date) _____

Does Your Child Have **ALLERGIES** (*food/drug/animal*) or Any **CONDITION REQUIRING SPECIAL CARE?**

(Diabetes, epilepsy, asthma, hemophilia, allergic reactions, etc.) _____ If yes, please identify and/or give desired procedure to follow.

COMMENTS _____

STUDENT MEDICATION (to be completed only if student will take medication while on trip):

Name/Type Medication	Dosage	Time of Day to Administer	Possible Side Effects

NOTE: All medication should have a prescription label on the container.

I authorize a representative of Shades Crest Baptist Church to seek and sign for treatment of _____ (son/daughter) for any emergency medical treatment and/or diagnostic procedures by doctors and ER staff in treatment of patient.

Date

Signature of Parent/Guardian

My child has permission to attend and participate in activities sponsored by Shades Crest Baptist Church, including travel to and from such activities by church bus or charter bus. I also give permission for my child to travel with an adult in a personal vehicle when deemed appropriate by the leader of an activity.

Date

Signature of Parent or Guardian

State of _____

County of _____

Sworn to and subscribed before me on the _____ Day of _____, 20____

Notary Public in and for the State of _____
My Commission expires _____