

MEDICAL RELEASE AND GENERAL PERMISSION FORM

GVBC Student Activities, 8/10/09 - 8/10/10

Student's Name & Phone Number

Name _____ Home Phone _____

Address _____ ZIP _____

Student Email (PLEASE PRINT) _____ Grade _____

Parent's Names & Phone Numbers In Case of Emergency

Father _____ Home Phone _____ Cell _____

Mother _____ Home Phone _____ Cell _____

Parent Email (PLEASE PRINT) _____

OTHER _____ Phone Number _____

(Name and Relationship)

Insurance Company _____

Contract Number _____ Group Number _____

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

Please list ANY/ALL medications, medical problems, conditions or allergies we need to be aware of:

Signature of Parent or Guardian _____ Date _____

My child has permission to attend and participate in activities sponsored by Green Valley 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 driver over the age of twenty-five years (25 years) in a personal vehicle when deemed appropriate by the leader of an activity.

Signature of Parent or Guardian _____ Date _____

My son/daughter may be pictured individually or in a group in photos contained on the Green Valley Baptist Church website (www.gvbc.org) and subsequent program for viewing and ministry promotional purposes only. They will not be shared or sold to any entity outside the membership of GVBC. I recognize that my signature is authorization for photos of my child to be used.

Signature of Parent or Guardian _____ Date _____