

Metropolitan Baptist Church

2283 North Fair Oaks Avenue

Altadena, California 91001

Rev. Tyrone Skinner, Pastor

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PARENTAL PERMISSION AND HEALTH AND SAFETY RELEASE

FORM

(Please PRINT in INK or TYPE)

Name of Child _____ Age _____ Birthday _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
Church Membership _____

Has my/our permission to participate in the activity listed below with the Metropolitan Baptist Church:

Activity _____
Location _____
Date(s) _____
Departure Time: _____ Return _____
Cost(s) _____

Parent/Guardian's Signature _____ Date _____

While every precaution will be taken to protect the health and safety of every participant, we cannot rule out the possibility of sickness or accident. To be prepared for any contingency that might arise, please complete the following information in order that your child may receive medical and emergency help should it be required.

Parent/Guardian's Name _____
Address _____ Phone No. _____
Relative and/or Friend's Name _____ Phone No. _____
Doctor's Name _____ Phone No. _____

(OVER)

If your child must take any special medication or must be restricted physically in any way, please make note of this below:

In the event my child does become ill or sustain any injury while in the care or under supervision of the church, they are given permission to administer First Aid for relief. If it is not practical to return him/her to us or to receive our instructions for medical care, consent is hereby given to any licensed physician or surgeon called or to whom our child is taken by the church to administer such treatment, drugs, or medicine, and to provide and/or perform such surgical procedures as the physician deems necessary in the existing emergency for the relief of pain and to preserve life and health. I further agree to relieve the church from any liability in connection with the activity.

Date

Parent's Signature

Insurance Carrier (if any):

Address

Phone Number

Policy Number