

**Columbia Baptist Church Youth Ministry**

**2007/8 PERMISSION FORM**

*Please print clearly*

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACTS**

|                           |               |                  |
|---------------------------|---------------|------------------|
| Parent(s):                |               | Phone Number(s): |
| Parent(s):                |               | Phone Number(s): |
| *1 <sup>st</sup> Contact: | Relationship: | Phone:           |
| *2 <sup>nd</sup> Contact: | Relationship: | Phone:           |

*\*Person(s) to contact in the event the parents cannot be reached.*

**MEDICAL INFORMATION**

|   |                |
|---|----------------|
| Medical Insurance:  | Policy Number: |
| Hospital or Clinic:   | Phone Number:  |
| Physician:  | Phone Number:  |
| Please tell us about any special medical situations (i.e., allergies, medications, etc.): |                |
|   |                |
|   |                |

I give permission for my student, \_\_\_\_\_ to participate in all events sponsored by Columbia Baptist Church (CBC) between September 1, 2007 and September 30<sup>th</sup> 2008. I understand the nature and risk level of the activities in which my student may be a participant. I give my permission for my student to ride in CBC owned or rented vehicles used for these activities. I also authorize CBC to use photographs or other media of my student taken on these trips or during these activities as part of our student ministry education and publicity, including on the church website or blogs. I authorize any staff member or chaperone of CBC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for my student. I further agree to be responsible for any medical expenses, and/or property damage incurred on behalf of or by my student.

Parent/Guardian      Printed Name      Signature      Date

Student/Participant      Printed Name      Signature      Date