

# Children and Youth Medical Permission and Release Form



Morningside Baptist Church \* 897 S. Pine Street \* Spartanburg, SC 29302 \* (864) 585-5457

*This form is to be carried on all trips away from Morningside Baptist Church for easy reference when needed.*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Legal Guardian's Name *{If different from above}* \_\_\_\_\_

Home Phone \_\_\_\_\_

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

**Father's Contact Info**

**Mother's Contact Info**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_

Contacts Phone \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

Orthodontist/Dentist \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Allergies *(e.g. medications, food, insect/ bites)*

Date of Last Tetanus Immunization \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

\_\_\_\_\_

Primary Policy Holder \_\_\_\_\_

Special Medications \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_

Carrier Phone Number \_\_\_\_\_

Other Important Medical Information:

**Please attach a copy of both sides  
of your insurance card**

\_\_\_\_\_

*(Please complete other side and sign)*

\_\_\_\_\_

- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Morningside Baptist Church.
- I (we) hereby authorize Morningside Baptist Church and its acting leaders to teach and lead my (our) child in religious lessons and services which include prayer and Bible teaching.
- I (we) hereby authorize leaders and authorized adult chaperones of Morningside Baptist Church to transport my (our) child to and from church related event.
- I (we) hereby authorize leaders and adult chaperones of Morningside Baptist Church to take my (our) child to receive any necessary medical treatment in the event of an emergency and in which neither parent can be reached.
- I (we) hereby authorize leaders and adult chaperones from Morningside Baptist Church to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it become necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- I (we) hereby, forever discharge and agree to hold harmless Morningside Baptist Church and the director thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with Morningside Baptist Church.
- The medical consent and liability waiver provisions herof shall remain in full force throughout 20 \_\_\_\_\_ and in effect until written notice or revocation or withdrawal is received by Morningside Baptist Church. It is the responsibility of the parent or guardian to notify the church of any changes in the pertinent information in writing.

Father's Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary Information**  
*The Notary Seal is required*

Taken, subscribed and sworn to before me, a Notary Public, in and for the County of Spartanburg, SC on this:

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Notary Public for the

State of South Carolina. My Commission Expires: \_\_\_\_\_