

Metropolitan Baptist Church

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PARENTAL PERMISSION AND HEALTH AND SAFETY RELEASE FORM

Please print in ink

Name of Child 1 (First and Last):		Age:		Birthday:	
Name of Child 2 (First and Last):		Age:		Birthday:	
Name of Child 3 (First and Last):		Age:		Birthday:	
Address:				Home Telephone:	
City, State, Zip Code				E-mail:	
Parent/Guardian Name				Cell	
Address (if different from above):				E-mail:	
Member of Metropolitan: Yes No				Other Church:	

Relative or Friend's Name			Phone Number:		
Doctor's Name, Health Plan				Phone Number:	
Child 1 - Medical Record #		Child 2 - Medical Record #		Child 3 - Medical Record #	

Activity:			
Location:			
Dates			
Time of Departure		Time of Return	
Cost:			

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.

If your child must take any special medication, **has allergies (food and medications)** or must be restricted physically in any way, please make note of this below:

Approvals:

- 1. I have completed and honestly filled out this form to the best of my knowledge. I understand that in case of emergency, this information will be given to medical personnel.*
- 2. In the event my child does become ill or sustains 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.*
- 3. Child / children listed on page 1 have my/our permission to participate in the activity listed below with the Metropolitan Baptist Church:*



Parent or Guardian Name

Signature

Date

5/22/2015:jmd

03/15/19 kem