



SOUTH PARK BAPTIST CHURCH YOUTH DEPARTMENT

7201 CROWLEY RD FT.WORTH, TX 76134

phone: 817-293-2760 email: daviddowney@spbc.life

PERMISSION RELEASE & MEDICAL RELEASE

Participant _____ Birthday _____ Grade _____

Phone _____ Address _____ City _____ State _____ Zip _____

Emergency Information:

Parent/Guardian _____ Work Phone(s) _____

Cell Phone _____ Email _____

Alternate Contact: _____ Relationship _____ Phone _____

Health Insurance Company _____ Policy Number _____

Physician(s) _____ Phone(s) _____

I, the parent / guardian, verify that the above information is correct so that I may be contacted when needed or in the event of an emergency. As parent / guardian, I do herewith authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

The undersigned assumes the responsibility for any costs (if said health insurance company does not pay) connected with such treatment and hereby releases South Park Baptist Church and its affiliated leaders of any liability thereof. This release form is completed and signed of my own freewill with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature Relationship Date

Please list any prescriptions being taken, any allergic reactions to medications, any allergies, any medical problems or other pertinent information that we need to be made aware of below.

I have given permission for my child to attend the following events (properly dated and signed with my initials).

Event _____ Date _____ Parent Initials _____

Other Information

Does the student listed above attend South Park Baptist Church? _____

If the student listed above is visiting our church, who are they a guest of? _____

May we have permission to photograph your student during this event? _____

Parent/Guardian

Signature _____ Date _____