

Parental Permission and Medical Release Tabernacle Baptist Church

A parent's signature authorizes the trip sponsors to act on behalf of the parents in the event of an accident or illness while their child is participating in programs sponsored by Tabernacle Baptist Church. The group leader will notify parents immediately of any major accident or illness before making any decision relative to treatment.

I hereby give my permission to the licensed physician, nurse, or medical care provider designated by the Group Leader to secure medical aid as required for illness or injury under a physician's orders including transportation to and from the necessary facilities.

I desire for my child to participate in the activities of Tabernacle Baptist Church. In consideration of Tabernacle Baptist Church providing these activities, I do hereby release Tabernacle Baptist Church, its officers, its employees, agents, and members of its Board from all claims and causes of action by reason of an injury which may be sustained as a result of these church activities.

Name of Student

Parent's signature/Date

Phone Number _____