



MORRISON HEIGHTS BAPTIST CHURCH
3000 Hampstead Blvd. • Clinton, MS 39056 • 601.924.5620

YOUTH MINISTRY - MEDICAL PERMISSION AND RELEASE FORM

I(we) _____ hereby give consent to have
(Parents' Name)

my(our) child _____ treated in case of medical emergency.
(Child's Name)

Child's Birth date: _____

Father's Name _____ Mother's Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____
Cell Number _____ Cell Number _____
Work Number _____ Work Number _____

Please include a list of allergies and current medication or special instructions regarding an existing medical condition.

My permission is granted to MORRISON HEIGHTS BAPTIST CHURCH through its staff, personnel, representative of camp, employee, or agent to provide any and all necessary medical attention in case of sickness or injury to my child. I understand that should a medical emergency arise, I will be notified; but that, if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I understand that this is a permanent MEDICAL PERMISSION AND RELEASE FORM that may remain on file in the church office and used whenever needed until revoked by the undersigned.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the trip and MORRISON HEIGHTS BAPTIST CHURCH from any and all claims, demands, actions or causes of action past, present, and future arising out of any damage or injury while participating in this activity.

Parent or Guardian's Signature _____ Date _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____.