

# YOUNG AMBASSADORS FOR CHRIST

## ACTIVITY PERMISSION FORM

Emergency Medical Information, Consent, and Release

CHILD'S LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY	STATE	ZIP CODE	
DATE OF BIRTH	AGE	GRADE	SOCIAL SECURITY		
MEDICAL CONDITIONS (eg. Allergies, Medications, Limitations)			MEDICINE (Permissible for leader to distribute, eg. Advil)		
DATE OF LAST TETANUS SHOT			RESTRICTED ACTIVITIES		
CHILD'S DOCTOR	DOCTOR'S PHONE NUMBER	INSURANCE CARRIER	POLICY NUMBER		
PRIMARY PARENT/GUARDIAN EMERGENCY CONTACT NUMBER					

### PERMISSION FOR THE EVENT

- I. I, the undersigned Parent or Legal Guardian, give consent for my child to participate in the following activity, including those preliminary and subsequent thereto, of the Solid Rock Baptist Church:
- Description of Event:** Snow Camp  
**Date of Event:** Jan 21st - Jan 24th 2019  
**Workers supervising the Event:** Justin & Danielle Barnette, Young Ambassadors for Christ workers  
**Activities, including transportation, associated with Event:** bus transportation to and from camp, stop during travel, and camp activities explained in the camp information paper and website
- II. The activities I do not want my child to participate in are as follows: \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, and I cannot be contacted at the numbers listed above, I consent to authorize the ministry leaders to make medical decisions for my child until he/she is under the supervision of a licensed physician and/or surgeon. I consent to attending physicians to diagnose and treat my child, including surgery and hospitalization. I consent to pay for this medical, dental, or hospital care or treatment and claim that no other person is required by law to give such consent.

### RELEASE OF LIABILITY

I assume all of the risks, which may be encountered on these activities. I agree to not hold the Solid Rock Baptist Church and its agents or employees liable for the actions, causes of actions, claims, expenses, or damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or associated activities.

SIGNATURE PRIMARY PARENT / GUARDIAN

PRINT NAME

DATE