

2017-2018 Williamston Memorial Baptist Church Permission Form

109 West Church Street, Williamston, NC 27892 (252) 792-2865

This permission form will cover all MBC youth activities both on campus and off from September 1, 2017 – August 31, 2018. We will keep it on file for this school year. Please attach a copy of your insurance card to this form.

Participant Information

Name: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____
First Middle Last month / day / year

Address: _____
City State Zip

Student Cell Phone: _____ Student Email: _____ School: _____

Father's Name: _____ Father's Cell: _____ Father's Work: _____

Mother's Name: _____ Mother's Cell: _____ Mother's Work: _____

Home Phone: _____ Parent Email Address: _____

In case of emergency, please notify: _____ Phone: _____

Student Medical Profile

Generally my health is: (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

List any medications you are currently taking: _____

List any medications to which you are allergic: _____

Family Physician: _____ Telephone: _____

Insurance Company: _____ Policy or Group #: _____

Subscriber Name: _____ Subscriber Number: _____

Subscriber Place of Employment: _____

Subscriber Occupation: _____ Work Phone: _____

Authorization for Treatment/ Release of Liability

I, _____ (Parent/Guardian) give permission for _____ (Student's name) to participate in Williamston Memorial Baptist Church Youth Ministry Activities from September 1, 2016 – August, 31 2017. I understand that these activities will be held both on and off campus. Should emergency medical treatment be necessary, I authorize the MBC Youth Leader to act on my behalf and approve appropriate treatment. I do not hold Williamston Memorial Baptist Church liable for any injury, accidents, or illnesses incurred.

Signature of Parent or Guardian: _____ Date: _____

Notary Acknowledgement

On this day, _____ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20____.

My Commission expires _____ Notary Public