

# 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 for the calendar year listed below. We will keep it on file for this school year. Please attach a copy of your insurance card to this form.*

CALENDAR YEAR \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_  
FIRST Middle Last Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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 for the calendar year listed in the header of this form. 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