

# Permission/Medical Form

**Temple Baptist Church, 4555 Arena Rd., Richland WA 99352 (509) 627-4844**

Parent's or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number where each parent may be reached if not at home:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child Name \_\_\_\_\_ Grade in school \_\_\_\_\_ Birthdate \_\_\_\_\_

Child Name \_\_\_\_\_ Grade in school \_\_\_\_\_ Birthdate \_\_\_\_\_

Child Name \_\_\_\_\_ Grade in school \_\_\_\_\_ Birthdate \_\_\_\_\_

Child Name \_\_\_\_\_ Grade in school \_\_\_\_\_ Birthdate \_\_\_\_\_

Do any of your children have medical conditions or allergies that may require special attention? \_\_\_\_ Yes \_\_\_\_ No

If so, please list the child's name and condition/allergy

\_\_\_\_\_  
\_\_\_\_\_

What would you prefer church workers to do in the case of a medical situation with your child? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that workers should know about your child in order to give the best care possible? \_\_\_\_\_

\_\_\_\_\_

My child(ren) listed on this page has my permission to attend and participate in the activities of Temple Baptist Church of Richland WA., including transportation to and from off site events.

I do herewith authorize emergency treatment be given if necessary only after a reasonable effort has been made to reach me the parent(s) or guardian.

I the undersigned also agree to release and hold harmless Temple Baptist Church and the leadership from any and all liabilities or claims for personal injury which may be incurred by my child while attending and participating in activities and special events sponsored by Temple Baptist Church of Richland WA.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_