Fellowship Baptist Church
871 Tulls Creek Road, Moyock NC 27958

Parental Permission and Medical Release Form

This information is required by the church administration for your protection.

Child's Name _____

In case of emergency, please notify _____

Evening phone _____ Cell phone _____

Health History (check all that apply)
_____ Allergies _____ Asthma _____ Heart Condition
_____ Epilepsy/Nervous System Disorder _____ Other _____
(specify)

Please give additional details if needed _____

_____

Activity restrictions _____

_____

This health information is correct so far as I know. I hereby give my permission to the licensed physician, nurse, or medical care provider designated by the group leader to secure medical aid as required for illness or injury, including transportation to and from the necessary medical facilities. I understand that I will be billed for any professional services rendered. I desire for my child to participate in the Awana activities of Fellowship Baptist Church for this club year. In consideration of Fellowship Baptist Church providing these activities, I do hereby release Fellowship Baptist Church, its officers, employees, agents, volunteers, and members from all claims and causes of action by reason of an injury that may be sustained as a result of these church activities.

The above information is true, and I give my consent <u>as parent or guardian</u> for my child.

Signature _____ Date _____

Print Name _____