

# Parkview Baptist Church

## Permission Slip/Medical Release Form

I give permission for my son/daughter, \_\_\_\_\_, to participate in a Parkview Baptist activity. I will not hold Parkview Baptist Church liable in the event that my son/daughter is injured during the activity.

If a medical emergency should arise while my child is participating in the activity and I cannot be contacted, I hereby give permission to Parkview Baptist Church to select a physician and/or hospital for my child's care. I do also hereby give the physician and/or hospital permission to treat, order injections, anesthesia, or surgery for my child.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date \_\_\_\_\_

In the event of an emergency and the parent/guardian cannot be reached please contact:

Name and relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_