

PERMISSION, MEDICAL CONSENT, AND LIABILITY RELEASE

Please fill out both sides of the form and have it notarized.

As parent or legal guardian, I hereby give permission for my child to participate in the activities organized by South Orlando Baptist Church Youth Ministry, during the period of August 2017 through August 2018.

Student's Full Name: _____

Sex: _____ Birthday: _____ Age: _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone 1: _____

Business Phone: _____ Cell Phone 2: _____

if not available, please notify: _____

Address: _____ Phone: _____

Name of Physician: _____ Phone: _____

Student's Allergies: _____

Any Medical or Health Problems: _____

List Any Medications Taken: _____

Student Name _____ Student Signature _____

Parent Name _____ Parent Signature _____