

**MEDICAL PERMISSION SLIP FOR
NORTH SIDE BAPTIST CHURCH ACTIVITIES**

Name _____ Home # _____

Mailing Address _____

Student's Cell # _____ Parent's Cell # _____

In case of emergency contact:

Name _____ Cell # _____

Name _____ Cell # _____

Date of last tetanus shot _____ Known allergies _____

Any illness or injury at the present time? _____ If so, please specify.

Presently taking any medications? _____ If so, please list and give dosing instructions:

Any limitations on physical exercise? _____ If so, please specify.

To be filled out by parents:

As the legal guardian/parent of _____

I hereby give permission for him/her to accompany a group sponsored by the North Side Baptist Church to any event in 2011.

By signing this, I acknowledge that:

In the event of illness or emergency involving my child, I grant my permission for staff or members of the North Side Baptist Church to administer or provide first aid treatment and to pay on my behalf any necessary medical expenses incurred in the treatment of my child. I will not hold the staff or members of North Side Baptist Church liable for any injury/illness that might occur to my child while he/she is participating in any church program. I understand that my child will be expected at all times to conduct himself/herself in a responsible and safe manner as directed by those members or staff who sponsor the church activity or program.

SIGNED (Parent or Guardian)

Date _____