

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

Name _____ Home Phone _____

Mailing Address _____ City _____

Cell Phone _____ Other Emergency Phone _____

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.

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 _____ on (date) _____.

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 _____