PERMISSION SLIP/ACTIVITY LIABILITY/ MEDICAL RELEASE FORM
NORTHWESTERN DISTRICT BAPTIST ASSOCIATION
MT. TABOR BAPTIST CHURCH, DALLAS, TEXAS

PARENT PERMISSION SLIP FOR FIELD TRIP

I give _____ permission to participate in activities of the Youth or Children's Department of the Northwestern District Baptist Association and Mt. Tabor Baptist Church, Dallas, Texas for the dates below. I understand that such activities are those which are passed by the Moderator, District Staff, Pastor, Trustees and Church members and which are publicized in the church newsletter and/or bulletin. I support the Key Sponsor in acting as a responsible leader who is in touch with parents as well as children's needs. I also realize that I may give special instructions and request for my child (ren) for any individual activity District or Church Activities.

ACTIVITY LIABLITY REALEASE

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any church sponsored activity, on or off church property, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church members.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless Northwestern District Baptist Association, Mt. Tabor Missionary Baptist Church, Inc., Dallas, Texas, its staff, adult youth or children's leaders and other churches or members.

MEDICAL RELASE

I do give my permission for _____ to be administered medical aid by physician or hospital staff if need arises. I assume the responsibility for passing all communication concerning each activity to the parents of any visitor brought by my child or family.

Activity: _____

Date(s): Friday, July 11 – 12, 2017

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name(s):_____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact Person (Other than Parent):_____

Contact Person's Phone Number(s):_____

Doctor(s) Name(s):_____ Doctor's Number: _____

Insurance Company: _____ Group #:_____ Policy #_____

Signature of Parent or Guardian: _____ Date: _____

List any medical allergies or physical conditions plus special request: _____