

2017 Medical Release Form
Victory Baptist Church

Name of Participant: _____ Age: _____ Sex: _____ Grade: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell : _____

Emergency Contact other than Parent or Guardian: _____

Home Phone: _____ Work Phone: _____ Cell : _____

Participant's Physician: _____ Phone: _____

Please explain any medical conditions, allergies, or special needs in the space provided or on the back.

Health Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Insurance Phone Number: _____

I, _____ (parent or guardian), give my permission to my son/daughter

_____ (name of participant) to participate in the outings sponsored by the Preschool, Children's or Youth Ministries of Victory Baptist Church, Mt. Juliet, TN. Should emergency medical treatment be necessary and I am unable to be contacted, I authorize accompanying sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care if deemed necessary by the church chaperones. I also hereby release from liability Victory Baptist Church, Mt. Juliet, TN and any adult sponsors or church staff in the event of any accident enroute, during, and returning from any event sponsored by the Student Ministries or the Preschool and Children's Ministries of Victory Baptist Church, Mt. Juliet, TN. I understand that this permission slip is valid for the dates January 1, 2017 to December 31, 2017. Should any information change during that time, it is my responsibility to complete an updated permission slip.

Please sign here in the presence of a notary: _____

Notary

State of _____ County of _____ On _____ before me,
_____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF
PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official
seal.

Notary signature: _____ My commission expires: _____