

T.R.E.K. Middle School Ministry
PARENTAL CONSENT AND RELEASE FORM

STUDENT _____ PHONE # _____

ADDRESS _____ CITY/ZIP _____

BIRTHDATE _____ GRADE _____ SCHOOL _____

CHURCH _____ BROUGHT BY _____

I give permission for my above-named child to go on Church sponsored activities from
September 1, 2008 - August 31, 2009

I hereby give permission for my child to go on activities and trips as stated above and release **New Heights Baptist Church**, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or because of an emergency there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

(X) Signature of natural parent or legal guardian agreeing to above statement:

_____ Date _____

Home phone _____ Mobile Phone _____

Emergency Contact _____ Emergency Phone _____

Allergies _____

Medication to be taken _____

Physical Handicaps or limitations _____

Doctor _____ Contact info _____

Medical Insurance Company _____

Policy Number _____ Member's name _____

Address of medical insurance company if bill is to be sent to them _____

