

BBC Ministries Youth Events
Parent Permission/Medical Release

(Please fill out completely and print clearly.)

Child's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Alternate Phone # _____

Birth Date ____/____/____ Grade _____ School _____

Names of parents or guardian _____

Insurance Co. _____ Acct. or I.D.# _____

I (the undersigned) do hereby give permission for my child (named above) to take part in the activities associated with this BBC Ministries Youth Event, _____ on _____
name of event date(s) of event

I also hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on my child, while participating in this event. I understand that I am responsible for providing medical and accident insurance (as primary) for my child while participating in this event.

signature of parent or guardian date

Please list any medical conditions, physical limitations or prescription medications pertaining to your child that the event leaders should be aware of:

