

CLIFFORD BAPTIST CHURCH
635 Fletcher's Level, Amherst, VA 24521
Church Office Phone: 434-946-0555
Church Office Fax: 434-946-1213

EMERGENCY MEDICAL FORM & RELEASE FORM

_____ (child's name) has my permission to go with the Clifford Baptist Church Youth Group to all activities that they participate in during the 2010 -2011 year. I further grant permission for any adult leader or chaperone with this group to take care of any medical needs that might arise during said trip/activity, including but not limited to minor treatment (bandaids, etc.) or consent for emergency medical attention. I also assume the responsibility for payment of any such treatment. I hereby waive any right that I/we or said minor child, may have to sue Clifford Baptist Church or any of their employees or volunteer workers as a result of any and all injuries, damages, or losses sustained by the above named minor while participating in this activity.

***NOTE CHILD MUST ATTEND CHURCH THE FOLLOWING SUNDAY AFTER AN EVENT**

Insurance Company: _____
Policy Number: _____

Family Physician: _____ Phone Number: _____

Child's Date of Birth: _____
Phone Number: _____
Parent's Cell Phone Numbers: _____

Emergency Contact other than Parents: Name _____ Phone _____

Medical History:

Please state any physical limitations the church should be aware of including allergies to drugs or medications:

Please list medications that the leaders have your permission to give your child and list dosage in case needed:

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS PERMISSION SLIP TO YOUTH MINISTER TO BE KEPT ON RECORD