

# PARENTAL PERMISSION & EMERGENCY MEDICAL TREATMENT SLIP

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

Special Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Handicaps/Disorders/Diseases/Restrictions \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ (should be up to date)

Health Insurance Company & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In case of medical emergency, I hereby give permission to the physician selected by the chaperone(s) in charge to hospitalize, secure proper treatment for, and to authorize transportation, anesthesia or surgery for my child, as named on this form. I certify that the child is in good physical condition and is able to participate in the entire program other than any activities listed as restricted above.

I give Falmouth Baptist Church permission for my child to take part in the **Word of Life REVERB, in Providence, RI**, departing Falmouth, MA on **November 17, 2017 at 5:00 p.m.** and returning **November 18, 2017 at 7:30 a.m.** I further agree to hold Falmouth Baptist Church and its agents harmless and to indemnify them against all losses, liability, claims, or expenses including fines, penalties, and attorney's fees due to any alleged injury to my child incurred in connection with the operation of the trip and transportation thereto and therefrom. I also assume the responsibility of any damages caused or expenses incurred by my child.

I grant to Falmouth Baptist Church, its representatives and employees the right to take photographs, video and/or audio recordings of my child(ren) and my property in connection with the above-identified subject. I authorize Falmouth Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Falmouth Baptist Church may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I understand that no other personal information such as my child's name or other personal identifier will be used and my child's photograph, video, or audio recording will be removed from any form of media immediately upon request. Falmouth Baptist Church values the opportunity to feature our church family in various media/publications; however we respect that some parents may not wish to have themselves or their child appear in any church-related publication. We will honor your instructions when planning our publications.

I further give permission for the chaperone(s) to send my child home via bus, taxi or public transportation at my expense if he/she is determined by the chaperone(s) to have disobeyed instructions, or participated in any illegal, immoral, or improper conduct. The decision to transport a child home will be solely at the discretion of the chaperone(s). All expenses will be borne by the undersigned legal parent or guardian.

Signature of Parent of Legal Guardian \_\_\_\_\_

Printed name of above signed individual \_\_\_\_\_