

**Abbe Road Baptist Church Activity Permission Slip/Emergency Medical Treatment Form**  
**To be filled out for all children 18 years of age and under**

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of parent/ guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Friend/Relative to contact in case parent cannot be reached \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Functions & Activities**

It is my understanding that participating in the programs and recreational and other activities of Abbe Road Baptist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Abbe Road Baptist Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as the result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Abbe Road Baptist Church or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless Abbe Road Baptist Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Abbe Road Baptist Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from his action to obtain medical treatment.

I give permission for attending physician (s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Photography/Video Release**

I acknowledge that video and photographs may be taken at Abbe Road Baptist Church events, and I agree to allow these images to be used by the Church for promotional purposes.

**Medical Information**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

\_\_\_\_\_

**Health Insurance**

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Other information leaders should know about the child named above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above form and am fully aware of the contents thereof. I give permission for the child named above to participate in the activities of Abbe Road Baptist Church, including any special events. In consideration for allowing the participation of the child named above, in the activities of Abbe Road Baptist Church, I hereby consent to the Permission Slip/Emergency Medical Treatment Form, on behalf of the child and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent/guardian