

**DIMOND BLVD. BAPTIST CHURCH
PERMISSION & RELEASE FORM**

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Age _____ Grade _____ Date of Birth _____

Parent/Guardian _____

Work # _____ Cell # _____

Allergies (Food/Drug) _____

Medication Regularly Taken _____

Activities to be Restricted _____

Other Emergency Contact _____ Phone _____

Person(s) other than
Parents/Guardian Authorized to Pick-up _____

I hereby grant permission for the above-named child to attend the Youth Activity of
Dimond Blvd. Baptist Church on:

I understand that all due precaution will be taken for the safety of my child, however, illness and accidents can occur. Therefore, I will not hold Dimond Blvd. Baptist Church, the Pastor(s), its sponsors or leaders, liable for the above-named child's involvement in activities. I hereby appoint the adult worker to act in the place of the parent(s) to secure proper medical treatment which may include hospitalization, injections, anesthesia, or surgery for my child as named above in the event of an emergency. I understand every effort will be made to contact the parent(s) or guardian before medical treatment is given.

Signature (Parent or Guardian)

Printed Name

Date _____