

Beulah Missionary Baptist Church

Parent Permission – Release Form – 1

(New form required each year)

Youth Name : _____ DOB: _____

Group Leader: _____

Address: _____ School: _____

Home Phone: _____ Work Phone: _____

Year of Graduation from High School: _____

Authorization of consent to Treatment of minor:

(I) (We), the undersigned, parent (s) of _____ a minor, do hereby authorize _____, youth leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed, advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The authorization is given pursuant to the provision of Section 31-9-2 of the civil code of Georgia. This authorization shall remain effective through the above named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Release of Beulah Baptist Church of DeKalb County, Inc. _____ (Parent's name shall indemnify hold free and harmless, assume liability for and defend Beulah Baptist Church of DeKalb County, Inc., its agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to attorney's fees, reasonable investigation and discovery costs, court costs, and all other sums which Beulah Baptist Church of DeKalb County, Inc. may be required to pay as a result of any assertion of liability, or any claims or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Beulah Baptist Church of DeKalb County, Inc., its agents, servants, employees, officers, and directors, or by action of omission by _____ (child's name)

Parent / Legal Guardian: _____

Parent / Legal Guardian: _____

Beulah Missionary Baptist Church

Youth Information Form – 2
(New form required each year)

Youth Name: _____

Home Phone: _____

Street Address: _____ Apt#: _____

City: _____, State: _____, Zip Code: _____

Nearest relative to contact in case of emergency

Name: _____

Relationship: _____

Street Address: _____ Apt#: _____

City: _____, State: _____, Zip Code: _____

Day Phone #: _____ Home Phone #: _____

Medical Care Information

Doctor Name: _____ Phone #: _____

Hospital Name: _____ Phone #: _____

Pharmacist Name: _____ Phone #: _____

List any medications currently being taken (include over the counter medications taken daily)

List any allergies

List any known life threatening physical problems

Parent's Signature: _____ Date: _____

Beulah Missionary Baptist Church

Permission Agreement Form - 3 (Required if a person is under the age of 18 per event)

I hereby give permission for my child, _____, to accompany
_____ on a trip to _____ to
(Church Organization Name)
on _____.
(Date)

I hereby certify that my child is physically able to engage in and participate in the activities planned. Also, I hereby grant to the leaders accompanying the group the right to order necessary emergency medical care in case of accident or injury to my child.

Parent / Guardian Signature: _____ Date: _____

In addition to the above, I understand that my child will be leaving at approximately

_____ on _____ and will return at approximately _____
(Time) (Date) (Time)

on _____.
(Date)

Note: This form is required for each activity conducted away from the Beulah campus.