

PARENTAL ACTIVITY REQUEST AND PERMISSION

I request that my child, _____, be permitted to participate in the following activity with the _____ Baptist Church:

Activity: _____

Location: _____

Date(s): _____, 200__

Medications *(check one and complete as needed)*

- My child is *not* presently taking any medication
- My child is presently taking the following medication: _____
for _____. Dosage: _____

Restrictions on Activities *(check one and complete as needed)*

- There are no particular restrictions on my child's activities.
- Please restrict my child's activities as follows: _____

Emergency Contact:

Name: _____ Relationship: _____
Telephone: _____

Emergency Care

In the event of an emergency requiring immediate medical care or treatment, I authorize the activity leader present to take my child to an emergency medical center for immediate medical care and treatment and to contact me or the designated emergency contact as soon as possible.

I have been informed of the activity, which may include being off the church grounds, and the details of that activity. I have had the opportunity to discuss the activity with the leader(s) and am satisfied with the plans and arrangements for the activity.

Dated: _____, 2019.

Parent/Guardian

Telephone: _____ Home
_____ Cell
_____ Work