

# Emergency Medical Information / Permission Form

I hereby grant permission for my son/daughter \_\_\_\_\_ to attend activities sponsored by Union Hill Baptist Church  
2919 Hwy. 39 Oneonta, Alabama

This includes permission to transport my son/daughter to and from such activities. I understand that these activities will be chaperoned by an adult sponsor of said organization. I further grant permission to those in charge to seek any medical attention necessary in an emergency.

I hereby release and hold harmless Union Hill Baptist Church, it's employees, and representatives from all liabilities for any accident that may occur before, during, or after said activities.

This permission shall remain in effect for the following event and dates: \_\_\_\_\_

\_\_\_\_\_  
(signature of parent or legal guardian) \_\_\_\_\_ (date)  
Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ # \_\_\_\_\_  
Allergic reaction to: \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
Comments:

\_\_\_\_\_  
It must be understood that all children/youth attending these events will cooperate with sponsors at all times.