



**Union Hill Baptist Church  
Emergency Medical  
Information / Permission Form**

I hereby grant permission for my son/daughter \_\_\_\_\_ to attend activities sponsored by Union Hill Baptist Church, 2919 County 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, its 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 date:

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

Parent's Contact Number: \_\_\_\_\_

Alternative Contact Name/Number: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_ Child's date of birth \_\_\_\_\_

Allergic reaction to: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Comments/Other Health Concerns:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_