

Monroe Bible Church
MBC Ministry Group Event

PERMISSION SLIP and MEDICAL RELEASE FORM

Event: Ignite Youth Group - Kalahari Resort & Waterpark

Date: Thursday-Friday, March 16th-17th, 2017

Participant's Name: _____

Street Address: _____

City _____ State _____ Zip _____

Current Grade _____ Date of Birth _____

I hereby grant permission for my child to participate in the above activity with Monroe Bible Church (MBC) Youth Ministry. I understand that my child participates in these activities at their own risk and that the Monroe Bible Church and its adult supervisors are not liable for any injury, personal or otherwise, to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will come and pick my child up. (INITIALS _____)

I recognize that the Monroe Bible Church uses photographs and video images of events in our publicity materials such as the church website, facebook page, and newsletters, and I hereby grant permission for photo/video images of my child to be taken and used for such purposes. (INITIALS _____)

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses. (INITIALS _____)

Signed: _____ Date: _____
(parent or legal guardian)

Home Phone: (____) _____

Cell Phone: (____) _____

Emergency Contact & Phone _____

Please list any allergies, physical limitations, and prescription medication

