Lonoke Baptist Church Children's Ministry Permission/Medical Release Form

My son/daughter would like to participate in the following activity or event: **Description:** Date/Time: STUDENT INFORMATION: First Name M.I. Sex (M/F) DOB Grade Last Name Address **Home Phone** PARENT/GUARDIAN INFORMATION: Parent #1 Name: Phone (home) _____ (work) ____ (cell) ____ Parent #2 Name: Phone (home) _____ (work) _____ (cell) _____ **ADDITIONAL EMERGENCY CONTACT:** Name: _____ Relationship: _____ Phone (home) _____ (work) _____ (cell) _____ **EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport _____ hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact my additional emergency contact also listed above. Parent/Guardian Signature: ______ Date: _____ **EVENT PERMISSION STATEMENT:** has my permission to attend this Lonoke Baptist Children's Event. Parent or Guardian Signature: ______ Date: _____