## BETHELBAPTISTCHURCH (July 2023 through June 2024)

## Permission/Release for all Children's and Youth Ministries Authorization for Consent to Treatment of a Minor

Student Name:	Ag	je: Birth	date:	//_
Grade: School Attending:				
Parent Names (legal guardian):				
Physical Address:				ZIP
Mailing Address (if different from above):.				
Home Phone:Mobile	e:e	mail:		
Church Presently Attending,				
Please note any allergies, learning disab aware of	•	-	as that we	need to be
Emergency Contact (other than parent):_				
Phone Numbers: Home.				
Emergency contact Physical Address:		City:,		
Doctor's Name:				
Insurance Company:		ID#:		
"In the event of any emergency, I hereby author for me, to consent to any x-ray, examination in and supervised by a physician, surgeon or dethe services are rendered, either at a doctor personally, as soon as possible If there is an a I also authorize an adult leader of Bethel's Chaprevent him/her from harming themselves as situation."  "I hereby release and hold harmless Bethel responsibility and liability for any illness or injure."	nedical, dental or surgical diagr ntist (as appropriate) licensed to 's office or in any hospital. I ex accident requiring the services ildren and Youth Ministries to so and/or other children and leade Baptist Church of Aumsville, it	nosis, treatment o practice unde expect that this a of a physician." separate and resers, in the most a	and hospitar the laws of dult leader strain my chappropriate	al care advised If the state where will notify me, ild as needed to manner for the ers, from
Parent/Guardian Signature:		Date:		
Please contact one of the Awana Co	ommanders or Secretarion ntact information changes			
January 2024 update: I certify the a Parent/Guardian Signature:			have co	rrected it.