

Medical Release Form

June 25—June 29, 2012 • Clarks Summit, Pennsylvania

My child, listed below, has my permission to participate in all activities related to the 2012 GARBC Conference, both on and off the Conference site.

Name of Child / Program

(Nursery, Preschool, Children, Youth)

In the event my child becomes ill or injured, I authorize the following actions:

1. Contact me first.
2. If I am not available, the group leaders may use their judgment in contacting a physician and following his/her instructions.
3. In case my child is involved in an accident and requires treatment, the attending physician has my permission to examine my child and begin treatment in my absence.

Please list any medical allergies, medications being taken, medical problems, or other pertinent information.

I understand that all expenses will be my responsibility or that of my insurance company.

I release the GARBC, all Conference program workers, Baptist Bible College & Seminary, and the city of Clarks Summit, Pennsylvania, from any and all liability.

Parent's /
Guardian Name _____ Date _____

Signature _____

Address _____

City/State/Zip _____

Phone (home) _____ (cell) _____

Insurance
Company _____ Policy Number _____