

bera youth
Permission Slip/Medical & Liability Release

Date: _____ # of Days: _____ Event: _____ Location: _____

Child Information

First Name: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: _____ Zip _____
Birthday: _____ Age: _____ Gender: _____ M _____ F Grade: _____

Parent or Guardian Information

First Name: _____ Last: _____ Relationship: _____
Cell #: _____ Home #: _____ Work #: _____
Email: _____
First Name: _____ Last: _____ Relationship: _____
Cell #: _____ Home #: _____ Work #: _____
Email: _____

Emergency Contact

First Name: _____ Last: _____ Relationship: _____
Cell #: _____ Email: _____

Medical Information

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make sure all the information provided is current and accurate.

List medication (s) currently taking for medical conditions (asthma, allergies, etc.), and add medication dosage:

List medications you take occasionally (headaches, etc.):

Will you be bringing these or any other medications to camp with you? ___Y___N
Any special diet? ___Y___N Any allergies (food, drugs, stings/bites, other): _____
Date of last Tetanus shot: _____
Name of Physician: _____ Phone #: _____
Address: _____ City: _____ State: _____
Medical Insurer: _____ Insured ID/Medical #: _____ Plan or Group: _____

Activity Permission and Consent to Medical Care/Treatment

_____ (Child's name) has my permission to attend all youth activities sponsored by Berea Bible Church/bera youth. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Berea Bible Church/bera youth. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and require the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatments required from a physician and/or hospital personnel designated by the church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I will be ultimately responsible for the cost of any medical health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student name above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature _____ Printed Name _____ Date: _____

Photographs, Video, Audio, Media Release

Please acknowledge your release of Berea Bible Church/bera youth to photograph of your child in its publications, advertising, promotional purposes, internet, and/or visual presentations of which inform people of the services and activities of Berea Bible Church/bera youth.

Parent/Guardian signature _____ Printed Name _____ Date: _____

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