

Vehicle and Medial Release Form Student Information

First Name:		Last Name:	
Grade:	Age:	Gender: M F	
Phone:		Email:	
Address:			

Parent/Guardian Information

Name:	
Email:	
Phone:	Other Phone:

Medical Information

Health Card #:	Health Card Expiry Date:
<p style="text-align: center;">Medical Conditions or Allergies: (Please make special note of food allergies)</p>	<p style="text-align: center;">Medication(s) Currently Being Taken: (Please note medication names and times taken)</p>

Permission Form Student

I promise to abide by all rules and plans set forth by the leaders of Bethany Baptist during the course of the 2018 church year.	
Signature:	Date:

Parent

I/we are the legal guardians of the student named above and hereby give my/our permission for the named student to ride in any vehicle to and from church and on special events with the leaders of Bethany Baptist, New Brockton, AL. I understand that in the event of an emergency that the leaders of Bethany Baptist will do everything in their power to contact me personally, but that in the event that they unable to do so, I/we give my/our permission for the leaders to seek necessary medical attention for the student named above.	
Signature:	Date:

