## Sale Street Baptist Church Medical Release/Permission Form Student Activities from January 1st- December 31st, 2025

Name:	Age:	_ Phone	):	
Address:	(	City:	Zip:	
Parent(s) or Guardian(s):				
Parent Work Phone:	Parent	Cell Pho	ne:	
I (We) give permission for Street Baptist Church located at 1611		nd the fo	ollowing activities sponsored b	y Sale
I (We) assume all risk and hazard ince the above activities. I (We) do hereby Church, the organizers, sponsors, an (us) on the above-named youth arrivities waive all claims against the organizer Street Baptist Church. I (We) likewise and from the activity. I (We) understa	release, absolve, inc d supervisors from ar ng out of this trip. In c rs, sponsors, or appo e release from respon	lemnify, ny and a case of ir inted sur sibility a	and hold harmless Sale Street Il loss, injury or other damage njury to my (our) youth, I (we) h pervisors of the events or again ny person(s) transporting our y	t Baptist to me nereby nst Sale
Signature of Parent(s)/Guardian(s):_				
To the attending physician and/or hos Permission is hereby granted for you designated representatives, to perfor time as you are able to contact me (u	, at all discretion to th m whatever care is no			
Insurance Company/ Health Care Pro	ovider:		Policy No:	
Name of Primary Insurance Holder:_				
Family Physician:	Ph	one:		
List of known allergies:				
List of all prescription medication you (Please state frequency of dosage ar handed to an adult chaperone BEFO	nd if refrigeration is ne	cessary	. All prescription medication me	
Signature of Parent(s)/Guardian(s):_			Date:	
Notary Public:		Com.	Expires:	