

Innerarity Point Baptist Church
13801 Innerarity Point Road, Pensacola, FL 32507
phone/ fax: (850) 492-1545

Permission Slip, Health & Release Form

Today's Date: _____

I give permission for my child: _____
(child's full name)

To take part in the following activity:

Date/dates & Time of activity: _____

Medical Information:

Known illness of any kind: _____

Presently taking any medication? Yes No (circle one)

If yes, what kind? _____

In case of an emergency I may be reached at: _____

If I cannot be reached, please contact: _____

Allergies: _____

Drug Allergies: _____

Date of last Tetanus shot: _____ (if available)

I hereby give my consent for counselors to administer First Aid and/or place my child in a doctor's care if necessary.

I give my permission for the counselors in charge to be able to take necessary measures if my child disobeys.

IN SIGNING THIS FORM, I RELEASE INNERARITY POINT BAPTIST CHURCH AND ITS REPRESENTATIVES FROM ANY AND ALL LIABILITY IN THE EVENT OF AN ACCIDENT.

(Parent's signature)

(Date)