

Student Ministry
PERMISSION-RELEASE FORM
Southern Hills Baptist Church 8601 S. Pennsylvania Ave. Oklahoma City, OK 73159

Child's Name _____ Phone _____

Address _____ City & Zip _____

Date of birth _____ School grade current or completed _____

I give my permission for the above named child to accompany the _____
Group

of Southern Hills Baptist Church to _____
Destination

on _____ from/until _____
Date(s) Time(s)

I understand the group will be traveling by _____. I also understand
Mode of transportation

the estimated cost will be \$ _____ which will include _____

I understand that every precaution will be taken to insure safety while traveling and while in the care of SHBC staff. However, in case of accident or emergency, I will not hold the adult sponsors nor the church responsible. I give my permission for emergency medical and surgical treatment of my child as may be needed in the judgment of the treating physician at the nearest clinic or hospital available. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian Date Emergency Phone Number

MEDICAL/HEALTH INFORMANTION
(required for overnight activities)

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____ Policy # _____ Policy holder _____

Doctor _____ Phone _____