

**PERMISSION/MEDICAL RELEASE FORM**  
**DAWSON BAPTIST CHURCH YOUTH**  
**GOOD FOR AUGUST 1, 2010 – AUGUST 1, 2011**

NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ GUEST \_\_\_ CHURCH MEMBER \_\_\_

IF YOU ARE A GUEST OF SOMEONE, WHO? \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BIRTH DATE \_\_\_ / \_\_\_ / \_\_\_

EMAIL ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

THIS BOX IS REQUIRED TO BE FILLED OUT BY A PARENT OR GUARDIAN FOR PARTICIPATION IN EVENTS

**PARENT/GUARDIAN'S NAME (PRINT PLEASE)** \_\_\_\_\_

I GIVE PERMISSION FOR MY TEEN TO JOIN YOUTH ACTIVITIES WITH **DAWSON BAPTIST CHURCH** BOTH ON AND OFF CHURCH CAMPUS. I HEREBY RELEASE DAWSON, AND ANY OTHER PARTICIPATING CHURCHES INVOLVED FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ON-SITE ADULT LEADER TRAINED IN FIRST AID AND CPR TO ASSIST OR ATTEND TO MY CHILD IN THE EVENT OF AN ACCIDENT OR EMERGENCY SITUATION. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE, SO I CAN BE PRESENT IF FOLLOW UP IS REQUIRED AT A LOCAL EMERGENCY CENTER.

THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT FROM  
August 1, 2010 until August 1, 2011

DATE: \_\_\_\_\_ PARENT/ GUARDIAN'S SIGNATURE \_\_\_\_\_

EMERGENCY PHONE NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**MEDICAL INFORMATION: (REQUIRED FOR ALL ACTIVITIES)**

FOOD OR OTHER ALLERGIES \_\_\_\_\_

MEDICATIONS BEING TAKEN \_\_\_\_\_

PHYSICAL CONDITIONS \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

**IF YOU PLAN TO INVITE A GUEST TO AN EVENT, PLEASE MAKE SURE THEY HAVE A PERMISSION SLIP.  
PERMISSION SLIPS ARE AVAILABLE ONLINE ON THE YOUTH PAGE OF WWW.DAWSONBAPTIST.COM.  
IF YOU HAVE ANY QUESTIONS, CALL MIKE PAYTON @ 313-8466.**