GLBC MEDICAL RELEASE FORM

2802 Cleveland Hwy _ Dalton, GA 30721 _ 706/259-8519 _ FAX: 706/259-4489

_____ has my permission to participate in any activities/events sponsored by Grove Level Baptist Church during this calendar year (January thru December). I also give my consent for the leaders of each trip to provide my student any medical treatment necessary in case of an emergency. I have listed below any medical problems, allergies, or medications that are necessary for proper treatment.

_____

Home Address of Student **City** **State** **Zip**

_____ _____

Parent=s Name (First & Last) **Emergency Contact Name & Phone** (other than parent)

Phone Information: Mother=s Day #: _____ Night #: _____ Cell #: _____

Father=s Day #: _____ Night #: _____ Cell #: _____

Allergies: _____

Insurance Company: _____ Policy Number: _____ Allergies: _____

My child is currently taking the following medications and will need this while on any trip: **NOTE**: *Please place medication in the original container in a Ziploc bags with the stuent's name and complete instructions.*

YES___ I also grant my permission to Grove Level Baptist Church to use Photographs of my child taken during any activities/events sponsored by Grove Level for and during the calendar year of _____ to be used in any publications, electronic form, or media (including, but not limited to Grove Level's website and Facebook)

NO____

SIGNATURE OF PARENT OR GUARDIAN _____**DATE**_____