

Morningside Baptist Church

2020 Annual Permission Slip

(Overnight trips and some others require a trip specific permission)

This form will be kept on file and used in the event of a problem or emergency for your son or daughter.

Please Note: Parents are responsible for ensuring that Morningside Baptist Church has the most current information regarding their student.

A new Permission Slip must be filled out and on file if there are any changes to the following: Insurance provider, doctor, meds used, emergency contacts and phone numbers, etc.

Please Print clearly

Student Name: _____ Grade: _____
Address: _____
City: _____ Zip: _____
Home Phone: (____) _____

Parent/Guardian Name(s): _____ , _____
Cell Phone #s: _____ , _____

(Student's name goes here)

_____ has the permission of the undersigned to participate in Morningside Baptist activities for **Jan. 1, 2020 to Dec. 31, 2020**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individuals acting in response to the emergency along with Morningside Baptist Church, it's members and staff will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Morningside Baptist Church of Brevard NC is an excess insurance, over any and all valid and collectable insurance coverage available to or for such person, as expressly named above.

Participant's Health Insurance Carrier: _____
Policy # _____

In the event that I/we can't be reached.... an emergency call may be made to:
_____ whose phone number is (____) ____-_____.

Signature of Parent or Guardian: _____
Date: ____ / ____ / ____ (signature required)

Student's Medical Update

Date of Birth: ____ / ____ / ____
Date of last Tetanus injection: ____ / ____ / ____
Current Medications: _____
Allergies: _____
Any Special medical instructions: _____

(If necessary continue on the other side)