MEDICAL AND LIABILITY RELEASE

This form covers all events with Bay Area Church Student Ministry Valid August 1, 2025 - July 31, 2026

•	Grade	Student Phone	
Address	City	Zip	
Parent/Guardian Name(s)			
Dad Cell Phone	Mom Cell	Mom Cell Phone	
Insurance Company	Phone		
Policy #	Name of Policy Holder		
Family Physician	Pho	ne	
Tetanus Shot Up to Date? Yes	_ No		
List any medical conditions, allergies o	or dietary restrictions		
Permission for swimming activities thro	·		
My child is a: (please check one) no	on-swimmer fair sw	vimmer good swimmer	
Permission to administer over-the-cou			
	The state of the s	help for your child. If you give permission for dication. They will be administered by a Ba	
Area Church leader.	se check hext to eden thec	ilication. They will be darrill isleted by a ba	
antibiotic ointment	Ibuprofen	cough drops	
Tums	Acetaminophen	Midol	
Benadryl	Hydrocortisone cream		
Liability Release			
	nd knowledgeably plans to t	take part in various spansared activities trips	
and outings of Bay Area Church. Th	e student is physically able	and has my permission to participate. I/W	
and outings of Bay Area Church. Thaccept the risks involved in all aspec	e student is physically able ts of participation, including	and has my permission to participate. I/W transportation, associated with such event	
and outings of Bay Area Church. The accept the risks involved in all aspectable. If we further release and hold harmles	e student is physically able ts of participation, including s Bay Area Church, its emplo	and has my permission to participate. I/We transportation, associated with such event yees and representatives for any injury, harm	
and outings of Bay Area Church. The accept the risks involved in all aspectly We further release and hold harmles or damage arising out of my child's process.	e student is physically able ts of participation, including s Bay Area Church, its emplo articipation in any activity, tri	and has my permission to participate. I/W transportation, associated with such event yees and representatives for any injury, harmp, or outing.	
and outings of Bay Area Church. The accept the risks involved in all aspectable further release and hold harmless or damage arising out of my child's polywer authorize medical and surgical	e student is physically able ts of participation, including s Bay Area Church, its emplo articipation in any activity, trip treatment of my child as ma	and has my permission to participate. I/We transportation, associated with such events yees and representatives for any injury, harmp, or outing.	
and outings of Bay Area Church. The accept the risks involved in all aspectable further release and hold harmless or damage arising out of my child's polywer authorize medical and surgical	e student is physically able ts of participation, including s Bay Area Church, its emplo articipation in any activity, trip treatment of my child as ma	and has my permission to participate. I/We transportation, associated with such events yees and representatives for any injury, harm	
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accept the risks involved in all aspect I/We further release and hold harmles or damage arising out of my child's po I/We authorize medical and surgical physician if we cannot be contacted	e student is physically able ts of participation, including s Bay Area Church, its emplo articipation in any activity, trip treatment of my child as ma	and has my permission to participate. I/We transportation, associated with such events yees and representatives for any injury, harm p, or outing. y be needed in the judgment of the treating	

Parent's Signature _____