



Annual Permission Form 2017-2018

If your students information is already on file and current, please sign here.

Child's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Last Tetanus Injection \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Male \_\_\_ Female \_\_\_

City, State, and Zip \_\_\_\_\_

Medical Conditions, Allergies, Medications or other information \_\_\_\_\_

\_\_\_\_\_

Physical Limitations/Exception of Activities \_\_\_\_\_

\_\_\_\_\_

Does your child have health insurance? Yes \_\_\_ No \_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Parent/Guardian 1

Full Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

In the event that I/we can't be reached, an emergency call may be made to the

following person \_\_\_\_\_ Phone # \_\_\_\_\_

List the names of others authorized to pick up your child \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 2

Full Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date: \_\_\_\_\_

Visitor

Yes, we come regularly and I need.

1 Key tag

2 Key tags

4245 Vista Pointe Dr.  
Medford, OR 97504  
541-779-5771

www.medfordbethel.com  
facebook.com/  
bethelchurchmedfordoregon

As parent/legal guardian of \_\_\_\_\_ (child's name, first and last), I give my permission for the subject of this release to be involved in the overall activities of Bethel Church Children's Ministries and in the specific activities of Bethel Kids Church.

I understand all reasonable safety precautions will be taken at all times by Bethel Church and its agents during activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bethel Church, its leaders, employees, and volunteers liable for damages, losses, diseases or injuries incurred by the subject of this release incurred during activities.

In the event of an emergency affecting the health or welfare of this participant, the leaders, employees, and volunteers of Bethel Church have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. Any medical expenses occurring will be borne by the participant or parent/guardians of the participant.

I consent to the use of any video images, photographs, or audio recordings taken of the subject of this release during activities at Bethel Church to be used, distributed, or shown as Bethel Church sees fit.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_