



Annual Permission Form 2017-2018

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

Date: _____

Visitor

Yes, we come regularly and I need.

1 Key tag

2 Key tags

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 _____

Parent/Guardian 2

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 _____



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 Promiseland.

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 _____