

EMMANUEL BAPTIST CHURCH
Travel & Medical Release Form for 2023-2024

Name of participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ DOB: ____/____/____

Grade _____ Gender: M or F

CONTACTS IN CASE OF EMERGENCY
(Please list at least 2 emergency contacts)

CONTACT 1: - Name: _____

Relationship to participant: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

CONTACT 2 - Name: _____

Relationship to participant: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

(PLEASE MAKE SURE YOU FILL OUT
BOTH SIDES AND GET NOTARIZED)

INSURANCE AND MEDICAL INFORMATION

Insurance Company: _____

Policy Number: _____

Exp. Date: _____ Doctor: _____

Dr. Phone Number: (____) _____

Please list any special needs your child has including allergies, medications being taken (prescription or over the counter). Please list instructions for medication including dosage and frequency. Please attach an extra sheet of paper if more space is required.

I/We give my/our permission for (participant) _____
to participate in and travel to, from and during any church activities with
Emmanuel Baptist Church for September 1, 2023 through August 31, 2024.

I/We give my/our permission for Emmanuel Baptist Church staff or trip/event
sponsors to authorize any medical treatment needed for (participant)
_____ while traveling to/from and during any church
trip/event in 2023-2024.

Parent/Guardian Signature: _____

Relationship: _____ Date: ____ / ____ / ____

PLEASE HAVE THIS FORM NOTARIZED

**STATE OF TEXAS
COUNTY OF CAMP**

Sworn to me by _____

on the _____ of _____
