

North Walterboro Baptist Church
2177 North Jefferies Hwy. PO Box 905
Walterboro, SC 29488 (843) 538-8080

Medical Permission & Release Form

Trip: _____ Date _____

Name: _____ Date of Birth _____

Address: _____

In case of emergency, notify _____

Phone # _____ / _____ / _____ / _____

Medical History

**If your child has a medical condition that we should be made aware of, please state below:

Current Medications: _____
(dosage & frequency)

Permission For Treatment

My permission is granted for my child to receive any necessary medical attention and emergency treatment in the event of sickness or injury.

Release Of Liability

I, the undersigned, do hereby verify that all about information is correct and I do hereby release and forever discharge all chaperons, the church, the Association, and property owners from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while on this trip.

Parent/Guardian Signature _____ Date _____