



2009 Activity Release Form

Student's Name _____ Age _____ Sex _____
 Address _____ City _____ Zip _____
 Phone() _____ Birth Date __/__/__ Blood Type _____
 Parent(s) Name(s) _____
 Alt. Address? _____ City _____ Zip _____
 Home Phone() _____ Work Phone() _____

Person to notify, other than parents, in case of emergency:

Name _____ Relationship _____
 Home Phone() _____ Cell Phone() _____

Date of last Tetanus shot _____

Medication allergies? _____

Current regular medications (indicate dosage & frequency):

Health problems or issues (allergies, diabetes, etc.): _____

Insurance Co.: _____ Policy No.: _____

Physician _____ Phone() _____

I, _____ (parent name), give permission for my child,
 _____ (student name) to attend activities with Alice Drive
 Baptist Church Children's Ministry for the 2009 calendar year. I give permission for my child (listed
 above) to receive medication and/or emergency medical treatment if necessary in the event of illness or
 accident. I give my permission/authorization to Eric Gillaspie, and/or **any qualified adult sponsor** with
 Alice Drive Baptist Church Children's Ministry to make decisions concerning any needed emergency
 medical care or treatment as appropriate in the unlikely event of an emergency.

Parent or Legal Guardian Signature: _____

Date: _____

Please return to the office to be put on file. Thanks!