

**Trinity Southern Baptist Church**  
**1100 E. Trinity Place, Casa Grande, AZ 85222**  
**Phone: (520) 836-2383**

**GENERAL PERMISSION FORM**

**ACTIVITY INFORMATION**

Activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Activity Location: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Male:  Female:

**INSURANCE INFORMATION**

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Physician or Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Specific medical condition(s) or other necessary health information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL AUTHORIZATION**

As the parent or guardian of \_\_\_\_\_ I give permission for my child to participate in the activity stated above. My child has my permission to be transported to and from this activity. I understand that neither Trinity Southern Baptist Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

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

**MEDICAL RELEASE**

As the parent or guardian of \_\_\_\_\_, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

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

**Contact Numbers**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Another person to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_