

Porterfield Baptist Church

39 Hollywood Dr.
Little Hocking, OH 45742
(740) 423-8442

Field Trips and Emergency Medical Care Permission Form

Student Name: _____
Last first middle

Home Address: _____
Mailing address
City state zip

Home Phone: _____ Work Phone: _____

Students Birth Date: _____

I understand that I, as parent/guardian, assume all responsibilities. It is clearly understood and agreed that Porterfield Baptist Church, the Adult staff and volunteers, and all persons connected with these programs will not be held liable in the event of injury to my child. This form will be valid for a period of one year from the date signed by guardian/parent.

I give permission for my child to receive first aid and/or any medical care deemed necessary for his/her health and welfare while on church sponsored trips or activities.

Please describe any *serious* health problems your child may have:

Medical Insurance Company: _____

Insurance I.D. Number _____

OH\WV Medical Card Number: (if applicable) _____

Please provide any medication, dosage, and frequency information on back of this form.

(X) Parent/guardian Signature _____ **Date:** _____
(Do Not sign unless in presence of Notary)

County of, _____, to wit:

I, a qualified Notary Public in and for the County aforesaid, hereby certify that the person whose signature appears above, did on this date, appear before me, after being duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

NOTARY PUBLIC

Date Executed _____

My Commission Expires _____

Please imprint seal in area to the right