MEDICAL AND LIABILITY RELEASE

This form covers all events with Bay Area Church Student Ministry

August 2018 - July 2019

Student Name	Grade	Phone
Address	City	Zip
Parent/Guardian Name(s)		
Parent Work Phone	Parent Cell Phone	
Insurance Company	Phone	
Policy #	Name of Policy Holder	
Family Physician	Phone	
Date of Tetanus Shot	Allergy to Tetanus	Booster?
List any allergies or dietary restrictions		
assume all risk in connection with participatic Church, its employees and representatives for fashion on the trip. I/We authorize medical and surgical treatment we cannot be contacted. Parent's Signature	or any injury, harm, damage arising out o	f my child's participation in any form or e judgment of the treating physician if
Permission for swimming activities: *Swimmers must wear one-piece suits or two- I realize that there may be swimming activities ponsors during the activities, I indicate below	ties at some of the student ministry evel	
	may not engag	
My child,engage in swimming activities in	is a beginner/m n water not over chin deep to my ch	
My child,swimming activities in water dep	is a proficient swoth exceeding my child's height.	vimmer and may engage in
Furthermore, I realize that I am free and weld	come to assist in supervising if I deem nec	essary.
Parent's Signature	(if not s	igned, child will not swim)
I do/do not give permission for photos of my stand that if I do not sign this section, my child		

Parent's Signature _____