

**Baptist Church of Coldwater
Youth Ministry
Parent Release Form**

I, _____ give permission as legal parent/guardian of _____
_____ to travel with the First Baptist Church of Coldwater
Youth Ministry to _____
(Destination)

Departing on _____ at _____
Returning on _____ at _____

Student's Information:

Name: _____ DOB _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____

Insurance and Doctor Information:

Insurance Carrier: _____
Policy Number: _____ Coverage Type: _____
Policy Holder's Name: _____
Insurance Phone Number: _____

Doctor's Name: _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____

List Allergies: _____

Medication Needed: _____

Parent Contact Information:

Name: _____
Address: _____
City: _____ State _____ Zip Code _____
Home #: _____ Work #: _____ Cell #: _____

Emergency Contact Information:

In the event of an emergency contact these people:

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

I hereby grant permission for the staff/volunteer staff to administer any needed medication, non-prescription (e.g. Tylenol, cough syrup, anti-acids, pepto, etc) or prescription. I also give my permission for the said child to carry on her/his person any inhalers or epee-pens as prescribed by a doctor. All other medication will be kept with the staff/volunteer staff.

Parents Signature

Date