

Mt. Beulah Baptist Church

Permission to Travel & Medical Consent Form

This gives my child, _____, permission to travel with Mt. Beulah Baptist Church's Youth Group on _____. The group will be attending _____ at _____. I understand they will be leaving at _____ and returning to the church at approximately _____. My child will need to bring _____.

For questions or information call Ken Moffitt (704) 674-4261

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In the event that my child, _____, becomes ill or sustains an injury while on an authorized and chaperoned outing with Mount Beulah Baptist Church of 5306 Dallas/Cherryville Hwy. Bessemer City, North Carolina, I the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I also consent to an X-ray examination, anesthetic, medical(or dental), or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I will not hold Mt. Beulah Baptist Church responsible for any illness or injury sustained while on this outing.

Signature of Parent or Legal Guardian _____ date _____

Address _____ phone _____

Other emergency contact person _____ phone _____

Address _____ relationship to child _____

Special Medical Problems (allergies, illness, etc.) Yes ___ No ___ Describe:

Any Medication (name/dose/prescribing physician)

Regular Doctor _____ phone _____

5306 Dallas-Cherryville Hwy.
Bessemer City, NC 28016 / (704) 435-3328