

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**Permission/Medical Release Form  
2021-2022**

Bon Air Baptist Church  
Richmond, VA 23235

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_, \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian's Home Phone: \_\_\_\_\_

Parent/ Guardian's Cell Phone: \_\_\_\_\_

Parent/ Guardian's Current & Active E-mail Address: \_\_\_\_\_

***In Case of Emergency Notify:***

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Insurance Information:***

Company Name: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy No./Group No.: \_\_\_\_\_

Family Physician/ Phone Number: \_\_\_\_\_

***Learning or Physical Restrictions:***

***Food, Medication, or Other Allergies:***

***Prescription Medication, Dosage, And Special Instructions:***

DATE: \_\_\_\_\_

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***Authorization:***

I,           (Parent/ Guardian Name)          , understand and agree that during all events & travel with Bon Air Baptist Church of Richmond, VA, for 2019-2020, that these following procedures are to be used in case of a medical emergency.

In the case of an emergency while the named individual below is in the care of Bon Air Baptist Church, an event facilitator and/ or chaperone will notify the emergency persons listed below immediately. In the event the church is unable to reach these persons immediately, event chaperones and/or its designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred. I will not hold Bon air Baptist liable for any injury incurred during such events & travel.

By signing below I,           (Parent/ Guardian Name)          , agree to the terms above & confirm that all information given is accurate and current and may be used for the purposes of any medical emergency my child might have.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

***Photo Release:***

I also authorize Bon Air Baptist Church to use photographs of my student for educational or promotional purposes of any type of printed or electronic media, including its website. Know that minors will not be named in photos and their private information will not be given.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)