



The Arkansas River Valley Baptist Association

Minor Permission and Medical Form

I, _____, (parent/guardian) give my permission for _____, a minor for whom I have custody and/or responsibility, to participate in volunteer activities with with the Arkansas River Valley Baptist Association during the current year. I understand there are inherent risks involved for all who participate in volunteer ministry projects such as the ARVBA Day mission event sponsored by the Association.

Information for Minor Participant:

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list any medical conditions, injuries, or allergies _____

In Case Of Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Co. _____ Name of Insured: _____

Effective Date: _____ Member I.D. _____ Group # _____

Medical Release:

In the event of a medical emergency when I cannot be contacted, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader. I also release the Arkansas River Valley Baptist Association and its churches, of liability in the case of accidents or injuries to the minor listed above while traveling to and from, and participating in the event(s).

(Signature of Parent/Guardian)

(Date)