



# 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 2017-2018 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)