

**Parent Permission Form & Wavier of Liability
For Trips with Salem Baptist Church**

Trip Name:
Date & Location:
Adult Supervisor:

Please read the statement in capital letters and add your signature to it. This will be expedient in the unlikely event of serious injury requiring hospital treatment. Many hospitals will not treat a minor without parental consent.

WE UNDERSTAND THE ARRANGEMENTS AND BELIEVE THE NECESSARY PRECAUTIONS AND PLANS FOR THE CARE AND SUPERVISION OF THE STUDENT DURING THE TRIP WILL BE TAKEN. BEYOND THIS, WE WILL NOT HOLD SALEM BAPTIST CHURCH OR THE PERSON SUPERVISING THE TRIP RESPONSIBLE.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE SALEM BAPTIST CHURCH THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY STUDENT IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY SALEM. I GIVE MY PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE SALEM BAPTIST CHURCH FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS SALEM BAPTIST CHURCH IS NOT GROSSLY NEGLIGENT.

Please print all information except signature.

Name of student _____ Date of birth ___/___/___
Address _____ City _____ Zip _____
Signature of parent/guardian _____
Home phone no. () _____ Work phone no. () _____
Cell phone or pager no. () _____

Name of insurance company _____
Name of policy holder _____ DOB of policy holder ___/___/___
Social security no. of policy holder _____ - _____ - _____

**PLEASE INCLUDE A PHOTO COPY OF THE FRONT AND BACK
OF INSURANCE CARD**

Other relative to contact if parents/guardians are unavailable:
Name _____ Phone () _____
Relation _____

Additional medical information (allergies or drug reactions, etc.)
