VOICES OF TRUTH
SSBC Student Ministry

Medical Information/Blanket Activity Permit

This is a blanket permit and will cover any and all activities attended within the program of VTSM. It will be good for one full year, beginning Oct. 1, 2015 and ending Sept. 31, 2016. This permit will be on file for all activities. **No one will be allowed to attend a sponsored activity if we do not have this form on file that them.** Please complete, date, and return this form. Thank you.

Student's Name: _____ DOB: _____ Age: ___ Grade: ___ Gender: Select

Address: _____ City: _____ State: ____ ZIP: _____

Parent's Name(s): _____ E-mails: _____

Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____

Specific medical/food allergies, chronic illnesses, or other conditions: _____

In case parent or guardian cannot be reached in an emergency, contact:

Name: _____ Home Phone: _____ Cell: _____

Physician: _____ Physician Phone: _____

Insurance Co.: _____ Policy Number: _____

As the parent and/or guardian of the above named person, I do herewith authorize the treatment by a qualified and licensed medical doctor of the same in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause difigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I do here release South Side Baptist Church and all members of SSBC from any and all liability including but not limited to physical, mental, and emotional distress. This release is completed and signed of my own free will for the sole purpose of authoriing medical treatment under emergency.

❑ **I give VTSM and SSBC permisison to use my student's picture in VTSM promotional material that will be feature online or outside of the church walls.**

Signature of parent(s) or legal guardian: _____ Date: _____