Medical Information/Blanket Activity Permit

This is a blanket permit and will cover any and all activities attended within the program of SSSM. It will be good for one full

year, beginning **August 1, 2023** and ending **December. 31, 2024**. 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: \_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_ Parent’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 disfigurement, 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 authorizing medical treatment under emergency.

Signature of parent(s) or legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

q I give SSSM and SSBC permission to use my student’s picture in SSSM promotional material that will be featured online or outside of the church walls.