

General Close Trips Permission Form and Emergency Medical Treatment Consent

Sullivan Baptist Church
4152 Maplewood Street * Kingsport, TN 37660
(423) 349-6288

Church Event: _____

General Information

Name: _____ Birthday: _____

Address: _____

Phone #: Home: (____) _____ - _____ Cell: (____) _____ - _____

School: _____ Grade: _____

Participant: Preschool _____ Children _____ Youth _____ College _____ Adult _____

The above named individual has my permission as their parent/legal guardian to attend/travel

with Sullivan Baptist Church

to _____
(event)

on _____ .
(date)

I am aware of the event locations, dates, times, activities, transportations, etc..., and I have addressed all questions and/or concerns with the Adult Leaders and/or church representatives for this event.

If an emergency arises for medical attention and I am unable to be reached by phone, I authorize this as written permission for treatment deemed necessary by hospital and/or physician. I agree to waive any claims toward and hold harmless Sullivan Baptist Church and any of its representatives or sponsors during this event.

(Signature) (Date)

(Print Name) Witness: _____
(Signature) (Date)

Medical Information:

Please attach a copy of your health insurance card (front and back) ensuring that pertinent information is visible:

- * Health Insurance Company, Policy Holders' name, Policy number, Group number, ID number

Allergies (medicines, food, environment, etc...): _____

Health Problems (asthma, DM, etc...): _____

Current Medications (including OTC, herbs, vitamins, etc...): _____

Emergency Contacts (please list contacts in the order to be called in case of emergency):

- Primary (parent/legal guardian): Name: _____

Phone #: Home:(____)____ - _____ Work:(____)____ - _____ Cell:(____)____ - _____

- Secondary (local family/friend): Name: _____

Phone #: Home:(____)____ - _____ Work:(____)____ - _____ Cell:(____)____ - _____

- Additional Emergency Contact: Name: _____

Phone #: Home:(____)____ - _____ Work:(____)____ - _____ Cell:(____)____ - _____

I understand that Sullivan Baptist Church does not provide any insurance coverage for losses, sickness, or injuries that may occur to participant listed above while participating in this church related event. I am responsible for any and all medical expenses that may arise while participating in this church related event including (but NOT limited to) emergency transportation to the hospital and/or home if necessary. I understand that I will be notified as soon as possible of any emergency.

In the event of an emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthesia by a licensed physician and/or health care professional for the participant named above. I hereby give _____ permission to get medical attention for above listed participant in case of an emergency.