

Medical Release and Event Participation Form

Neel Road Baptist Church Student Ministries

Information for Parent/Guardian to provide to Organization

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization: _____ Dates of Event: _____
(Camp/Church/School)

Address: _____

City: _____ State: _____ Zip: _____

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities as described below:

Print Name: _____

Signature: _____ Date: _____

Additional Information: Please exclude from the following activities: _____

Please detach and keep for your records

Group Leader: _____

Cell Phone: _____ Location Phone: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Event Details: Departure Time: _____ AM PM Return Time: _____ AM PM

Activities: _____

Packing Information: _____
(money, clothes, food, equipment, etc)

Information for Parent/Guardian to Retain