



1503 E. Lee Road Taylors, South Carolina 29687 * Telephone: 864.244.4678

Annual Children's Ministry Release Form

Effective from: January 1, 2019 to December 31, 2019

Student's Name: _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Medical Information: Health Conditions & Allergies _____

Medications: _____

Physician's Name: _____ Phone Number: _____

I am fully aware of and acknowledge that my child, _____, has permission to participate in any and all 2019 activities sponsored by Lee Road Baptist Church. I know of no impairment that would affect or be affected by my child's participation. I also give my child permission to be a passenger on Lee Road Baptist Church busses or means of transportation. In case of an emergency, representatives of Lee Road Baptist Church have my permission to seek emergency medical treatment for my child at the nearest hospital. The hospital staff has my authorization to provide treatment deemed necessary for the wellbeing of my child. I agree to hold Lee Road Baptist Church and its representatives free of liability for any injuries, damages, or loss which may occur as a result of participation.

By my signature below, I attest that I am authorized to give consent for my child's participation in all 2019 activities sponsored by Lee Road Baptist Church and give such consent freely.

Signature of Parent/Guardian: _____ Date: ___/___/2019

Notary Acknowledgment

State of: South Carolina County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____/20____ by _____ (name of person acknowledged).

Signature of Notary Commission Expires: _____ (Seal)