

The Orchard Bible Fellowship
2400 19th Avenue - Kingsburg, CA
ACTIVITY/MEDICAL PERMISSION SLIP

The Orchard Bible Fellowship Church is sponsoring the following activity:

_____ has my permission to participate in this activity with The Orchard Bible Fellowship.
(Name of participant)

In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the participant to the nearest doctor or hospital for further medical attention as deemed necessary. The individual acting in response to the emergency will remain blameless.

In the event that medical expenses occur, they will be born by the parents or guardians of the participant. Insurance afforded by The Orchard Bible Fellowship is an excess insurance over any and all valid and collectable insurance coverage available to or for such persons as expressly named above.

Participant's Health Insurance carrier: _____

Policy #: _____

SIGNATURE of Parent or Guardian: _____

Phone number where you can be reached during activity: _____

Date: _____

The Orchard Bible Fellowship Youth Group Release Form

Student name:	Birth date (include year):
Address:	
Phone:	
Emergency Contact and Phone #:	

My son/daughter is allergic to (please list any allergies and treatments): _____

*If more room is needed to list information, please use the back of this page.

My son/daughter has special health concerns (please list): _____

Please list any vaccinations or shots your son/daughter has had in the last 5 years: _____

As the legal guardians of _____, who is a minor, I/we do hereby authorize The Orchard Bible Fellowship Adult Leadership to make any necessary medical decisions concerning my child. I/We voluntarily hold The Orchard Bible Fellowship free from any liability, along with its employees and agents.

Parent/Guardian Signature: _____

Date: _____

Please check this box if there is more information on the back of this page.