

Medical Release and Permission Slip

DATE: _____

My son/daughter/ward, _____, has permission to participate in a specially planned event, (Name of Event) _____, with a group from **Willow Hills** The First Southern Baptist Church of Prescott, AZ on the above indicated date(s).

MEDICAL RELEASE: In the event of an emergency, the attending sponsor of *Willow Hills* The First Southern Baptist Church of Prescott has the authority to secure the necessary medical services for the above-named person. Also, the attending physician is hereby authorized to administer treatment deemed necessary in such an emergency. Moreover, I understand that **Willow Hills** The First Southern Baptist Church of Prescott, Arizona, is not responsible or liable for any such emergencies, injuries, accidents, or problems.

PARENT OR GUARDIAN (Please Print):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Phone where you can be reached during this event: _____

Parent Guardian Signature:

Date: _____

IN CASE OF EMERGENCY, EVERY ATTEMPT WILL BE MADE TO NOTIFY PARENTS/GUARDIANS