

**New Hope Baptist Church Student Ministry  
Trip Permission Form and Medical Authorization and Release Form**

Name of Student	
Address	
Home Phone	
Cell Phone	
School (with Grade)	
Date of Birth	

I give permission for my child, \_\_\_\_\_, to participate in New Hope Baptist Church Student Ministry programs and events during the time period listed. I hereby release New Hope Baptist Church, its staff, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during activities. In the event of an emergency, I authorize an adult leader of the activity, as an agent for me, to consent to any treatment needed by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are needed. I expect to be contacted as soon as possible in the event treatment is needed. I understand that it is my responsibility to update all information on this page with any changes.

Signature of Parent or Guardian	
Printed Name	
Insurance Company	
Policy Number	
Member's Name	
Allergies	
Current Medications	
Emergency Contact #1 (name)	
Emergency Contact #1 (phone)	
Emergency Contact #2 (name)	
Emergency Contact #2 (phone)	