

Medical Release Form

New Colony Baptist Church, 30 River St., Billerica, MA, 01821

Name _____ Age _____ Sex _____

Birthday _____

Address _____ City _____

State _____ Home Phone# _____

Emergency Contact other than Parent or Guardian _____

Home Phone# _____ *Cell#* _____

The undersigned, as parent or guardian of the person listed below, hereby authorizes any staff member and adult sponsor who may be supervising or directing any activity sponsored by the church, to authorize emergency medical treatment for the person listed above while this person is participating in any trip, excursion, or activity sponsored by the New Colony Baptist Church.

Furthermore, I release New Colony Baptist Church, its staff and sponsors, from any liability for personal injury, damage or loss that the above named person may sustain while participating in any activity sponsored by New Colony Baptist Church, its staff or designated sponsors.

(Please fill in the blank below for the activity)

I give my child permission to attend _____

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

Parent/Guardian Home Phone# _____ Cell# _____