

Tabernacle Learning Center for Preschoolers
Medical Permission/Release Form
September 5, 2017 thru May 25, 2018

I fully realize any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Tabernacle Baptist Church, all of its officers, directors, and coordinators; all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for this trip, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

I also authorization to Tabernacle Baptist staff members, chaperones, or any other Tabernacle adult leaders and drivers to act on my behalf in the event of a medical emergency to authorize any medical procedure, operation, medication, etc. to my child.

Child's Name _____

Address _____

Telephone: Home _____ Work _____

Other _____

Contact in Case of Emergency: _____ Phone: _____

Contact in Case of Emergency: _____ Phone: _____

Any medical problems? No ___ Yes ___ If yes, describe _____

Insurance Carrier: _____

Policy Number: _____

Parent's Signature

Date

State of North Carolina, Wake County:

I, _____, a Notary Public of the County of Wake, State of North Carolina do hereby certify that _____

Personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

WITNESS my hand and official seal this _____ day of _____, 20_____

My commission expires: _____

Notary Public