

**Tabernacle Learning Center for Preschoolers**  
**Medical Permission/Release Form**  
**September 4, 2018-May 24, 2019**

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