Tuscarora Baptist Church

441 Cook Rd. Addison NY 14801 607-359-2720

Parental Permission Slip for Church Activities for 2024

Information on Child/ren

	First Name	M.I.	Last Name	Gender: M/F	Last Grade Finished	School	Birthday	Known Allergies	
1									
2	2								
3									Ī

I hereby agree and consent to my child's participation in the various Tuscarora Baptist Church Ministry activities, scheduled and unscheduled, of the Tuscarora Baptist Church (TBC) of Addison, and give my permission to TBC, its agents and employees, to exercise such discretion as it/they deem necessary to supervise any and all church-related activities in which my child is a participant for the duration of my child's involvement in the ministries of TBC and to exercise its/their discretion in assessing the medical needs of my child and to give permission for and to incur such medical attention, advice, procedures and or expenses as it/they deem necessary and further, I agree not to hold TBC, its agents or employees, responsible for any church related activities, medical care rendered or not rendered, expenses incurred, or the results thereof. I understand that it is my responsibility to inform TBC of any changes pertinent to this form (change in insurance carrier, additional medical information, etc.) and to complete

an updated form to keep information on my child current.

Relationship to children

Signature of parent/gu	ardian	
Signature of parent/gr	ardian	
Contact Information f	or Parent/Guardian	
Name		
Address		
Phone: home	cell	work
E-mail address		
Alternate/Emergency	Contact Information	
Name		
Address		
Phone: home	cell	work
– E-mail address	· · · · · ·	·

Medical and Insurance Information

Insurance Carrier	Policy #
Child's Doctor	Doctor's Phone Number

Other Pertinent Medical Information

Prescribed Medications