

Tuscarora Baptist Church

441 Cook Rd. Addison NY 14801

607-359-2720

Parental Permission Slip for Church Activities for 2025

Information on Child/ren

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

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.

I hereby grant TBC permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. **Yes** **No**

Relationship to children

Signature of parent/guardian _____
Signature of parent/guardian _____

Contact Information for 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 _____
