



SOUTH SIDE
STUDENT MINISTRY

MEDICAL INFORMATION/BLANKET ACTIVITY PERMIT

This is a blanket permit and will cover any and all activities attended within the program of SSSM. It will be good for one full year, beginning **August. 1, 2019** and ending **Sept. 31, 2020**. This permit will be on file for all activities. No one will be allowed to attend a sponsored activity if we do not have this form on file that them. Please complete, date, and return this form. Thank you.

Student's Name: _____ DOB: ___/___/___ Age: _____ Grade: _____ Gender: ___

Address: _____ City: _____ State: _____ ZIP: _____

Parent's Name(s): _____ E-mail: _____

Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____

Specific medical/food allergies, chronic illnesses, or other conditions: _____

In case parent or guardian cannot be reached in an emergency, contact:

Name: _____ Home Phone: _____ Cell: _____

Physician: _____ Physician Phone: _____

Insurance Co: _____ Policy Number: _____

As the parent and/or guardian of the above named person, I do herewith authorize the treatment by a qualified and licensed medical doctor of the same in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I do here release South Side Baptist Church and all members of SSBC from any and all liability including but not limited to physical, mental, and emotional distress. This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency.

I give SSSM and SSBC permission to use my student's picture in SSSM promotional material that will be featured online or outside of the church walls.

Signature of parent(s) or legal guardian: _____ **Date:** _____