

## GFBC Activity and Medical Permission Form

Name of Child:	
Home Address:	
Activity: (Where and What)	
Departure Date:    /    /20    Time:	Return Date:    /    /20    Time:
Risk Activities: (ie., swimming, skiing, rock climbing)	
<b>Medical Information</b>	
Date of birth:	
Physician's Name:	Phone Number:
Dentist's Name:	Phone Number:
Environmental Allergies: (Food, Insects, etc.)	
Medical Allergies:	
Medications: (drug, dosage, when)	
Special Needs:	
Insurance Information:	
Policy Name:	Group Name:
Policy Number:	Member ID
<b>Family Information:</b>	
Parent(s)/Guardian Name:	
Home Address:	
Night Phone :	Day Phone:
Cell Phone:	Pager:
Authorization:	
<p>I give permission for _____ to attend the above stated GFBC church activity .I give my consent to the chaperones to act as guardians on my behalf. In the event of a medical emergency of any kind, I expect the chaperones to make mature decision affecting the safety of my child and they have my permission to seek proper medical attention for my child. I will not hold the chaperones or GFBC personally liable for any injury my child incurs on this trip.</p>	
Parent's Signature:	Date:    /    / 20
<p>NORTH CAROLINA,  COUNTY OF _____ I, _____ a Notary Public  for said County and State do hereby certify that _____  personally appeared before me and signed this document. Witness my hand and official seal</p> <p>this _____ day of _____ 20 ____ .</p> <p>My Commission Expires: _____</p>	
Notary Public	Seal