

## OBC Permission Form and Covenant

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Phone Numbers

Relative	Name	Home Number	Work Number
Mother			
Father			
Other adult			

### Insurance Information

Insurance Company: \_\_\_\_\_ Planholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID #: \_\_\_\_\_

### Medical Information

Medications being taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Granting of Permission and Release** - I give permission for my above-named child to join the group of Oakland Baptist Church, Rock Hill, SC on \_\_\_\_\_.

Date

I hereby release Oakland Baptist Church, its staff, and chaperons from responsibility and liability for any injury or illness that I/my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at doctor's office or in any hospital. If I am of legal age, I expect my next of kin to be contacted as soon as possible. If I am under 18, I expect my parent or legal guardian to be contacted as soon as possible.

\_\_\_\_\_  
Signature of Natural Parent or Legal Guardian (under 18)

\_\_\_\_\_  
Signature of Participant

### OBC Covenant

I covenant to abide by the following guidelines on this trip:

- 1 – Respect myself and others, including other children/teenagers and adults
- 2 – Comply with all national, state, and local laws
- 3 – Follow the schedule
- 4 – Use common sense and Christian values

\_\_\_\_\_  
Signature of Natural Parent or Legal Guardian (under 18)

\_\_\_\_\_  
Signature of Participant