

Midway Heights Baptist Church
6801 W. Rollingwood Blvd.
Columbia, MO 65202
573-445-3622

Parents' Authorization and Release

We, the undersigned parents/guardians, do hereby authorize the undersigned child/children to participate in church sponsored trips, activities, events, including transportation to or from any event authorized in connection with Midway Heights Baptist Church. We do authorize emergency medical attention to be administered to our child/children should the need arise, releasing Midway Heights Baptist Church from liability.

Child Name _____

Child Name _____

Parent(s) Name _____

Address _____

Phone Number (H) _____ (Cell) _____ (W) _____

Name/Phone number of person to be contacted when parent cannot be reached:

Doctor _____ Phone Number _____

Insurance Information (include name of company, policy number, group number, Insured name) _____

Special Medical Concerns _____

Parent Signature

Participant Signature

Participant Signature