

**MOUNT AETNA BIBLE CHURCH**  
**Parental Permission/Release Form for September 2022 through September 2023**

**PARTICIPANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_ Receive texts?

Additional Parent or Guardian Name (if applicable) \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_ Receive texts?

Alternate Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**MEDICAL INFORMATION**

Please provide information that would be helpful for leaders to know about that would impact your child's ability to participate in activities or receive emergency medical treatment.

Medications taken \_\_\_\_\_

Allergies \_\_\_\_\_

Medical, emotional or mental health conditions or restrictions \_\_\_\_\_

\_\_\_\_\_

**ACTIVITY AND MEDICAL RELEASE PERMISSION**

**Participation Permission:**

My child has my permission to participate in all activities associated with the Youth & Children's Ministries of Mount Aetna Bible Church during the year from September 2022 through September 2023. Participation may include activities at the church, away from the church, at private homes on a supervised basis, and travel to and from activities. I agree to hold harmless Mount Aetna Bible Church, its employees and volunteer staff for any injury or illness to my child or damage to his/her property resulting from participation in youth or children's activities.

**Medical Treatment Permission:**

In case of injury or illness, the Approved Adult leaders are authorized to render emergency first aid and/or seek all necessary medical attention. In such cases, I understand that I will be notified as soon as possible. I agree to pay all costs and expenses incurred in connection with such medical services rendered.

**Behavior Expectations:**

I understand MABC has general guidelines of behavior with which my child is expected to comply. I will assume all transportation costs for my child to return home if problems occur.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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