

## Mount Vernon Permission to Participate

My child, \_\_\_\_\_ has permission to participate in youth ministry events on and off campus that are sponsored by the youth ministry of Mount Vernon Baptist Church from June 2023 to May 2024.

### **SUPERVISION PROVIDED BY:**

Youth ministry leaders at Mount Vernon Baptist Church.

**TRAVEL BY:**  Personal Vehicle  Church Bus  Charter Bus

### **Insurance Information**

If you have medical insurance, please provide the information below.

Insurance Company \_\_\_\_\_

Provider Number \_\_\_\_\_

Family Doctor \_\_\_\_\_

Family Doctor Phone Number \_\_\_\_\_

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

Contact Phone Number \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Please list any medical or food allergies, medication currently taking, or any other pertinent information regarding the health of your child.

I (we) give permission for my son/daughter to attend and participate in events with the MVBC youth ministry and receive medical treatment if necessary; every effort will be made to contact me in an emergency. However, if I cannot be reached, I give permission to the staff of Mount Vernon Baptist Church's youth ministry program to secure the services of a licensed physician to provide the care necessary, including anesthesia and injections, for my child's well-being.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_