

Youth Rally Permission Form

Name: _____

Age: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Church (attending with): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Date of last tetanus shot: _____

Allergies: _____

I hereby give my child permission to participate in the Youth Rally at Open Door Baptist Church. In the event of an emergency, I hereby give my permission to the staff and directors of the event to act as my agent in seeking medical treatment for my child. I also give my permission to the physicians selected by ODBC to hospitalize and secure proper treatment and order anesthesia, surgery or any services deemed necessary for my child as named on this permission form. I understand every effort will be made to contact parents or guardians in the event of an emergency. I understand that all off site medical expenses will be billed through the parent's health insurance policy. I also agree to the use of photos, including my child, in youth rally publicity. I hereby release the Fellowship of Fundamental Bible Churches and Open Door Baptist Church from responsibility and liability for any injury or illness that my child may sustain while at this event.

Signature of Parent/Guardian _____ Date _____

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