

Rolesville Baptist Church Permission Form

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Emergency Phone Numbers

Mother: _____ Home #: _____ Cell #: _____

Father: _____ Home #: _____ Cell #: _____

Other: _____ Home #: _____ Cell #: _____

Insurance Information

Insurance Company: _____

Planholder: _____

Policy Number: _____

Member Name: _____

Policy ID #: _____

Information Phone Number: _____

Medical Information

Physician: _____

Physician's Phone Number: _____

Date of Last Tetanus: _____

Medications Currently Taken: _____

Medicine Allergies: _____

(OVER)

Rolesville Baptist Church
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) Follow the camp rules
- 5) Remember that I represent Rolesville Baptist Church and Jesus Christ in all I say and do
- 6) Use common sense and Christian values

Signature of Participant

Date

Signature of Natural Parent or Legal Guardian (under 18)

Date

