

MACEDONIA BAPTIST CHURCH OF EDITH, INC.

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6950 Edith Nankipoo Road . Ripley, Tennessee 38063
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Activities Permission

Being advised of the nature and extent of Macedonia Baptist Church Youth and Children Activities, I certify that _____ is physically and mentally capable of participating and that he/she has my permission to travel to and attend any scheduled event(s) of the Macedonia Baptist Church Youth and Children Ministry.

This permission slip and medical form is in effect from the date signed below until the above stated child/youth graduates from the children and youth program at Macedonia Baptist Church or moves his/her membership to another church.

In the event of sickness or injury at a church sponsored activity or in transit to, I grant permission for a Macedonia Baptist Church staff member or chaperone in charge to obtain necessary emergency medical attention for the above stated child/youth.

Liability Release

In addition to granting permission for medical attention for _____, I hereby assume all financial responsibility for charges associated to said care and do not hold Macedonia Baptist Church of Edith, Inc., her staff or chaperones responsible for any sickness, injury, or death associated with church events or while in transit.

Should there be any change of information during the time this medical form is in effect, or if need should arise to provide additional information, I promise to update this form.

Signed this _____ day of _____ 20_____

Signature of Parent/Guardian

Date