



ONE DAY
Acts 1:8 Missions Experience

Minor Permission And Medical Release Form

I, _____, (parent/guardian) give my permission for _____, a minor for whom I have custody and/or responsibility, to participate in volunteer activities with churches and with the Arkansas Baptist State Convention during the One Day Acts 1:8 Missions Experience to be held on _____ (date of event). I understand the inherent risk involved to any participant in volunteer ministry projects, such as the One Day Acts 1:8 Missions Experience.

Information for Minor Participant:

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list any medical conditions, injuries, or allergies: _____

In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____ Name of Insured: _____

Effective date: _____ Insurance Company Phone #: _____

Group / Member I.D.: _____

Medical Release:

In the event of a medical emergency when I cannot be contacted, I give my permission for treatment deemed necessary in consultation between attending emergency physician and an Event Leader. I also release the Arkansas Baptist State Convention, and/or any participating churches, and/or any participating associations of any and all liability in the case of accidents or injuries to the minor listed above while traveling to and from and participating in the event(s).

(Signature of Parent/Guardian)

(Date)