



CHAPEL HILL  
biblechurch

**PERMIT FOR SON OR DAUGHTER TO PARTICIPATE IN CHURCH RELATED ACTIVITIES**

Chapel Hill Bible Church  
260 Erwin Road, Chapel Hill, NC 27514

I give permission for \_\_\_\_\_ to participate in any activity or take any trip sponsored by the Chapel Hill Bible Church, 260 Erwin Rd, Chapel Hill, NC 27514 in a car, van, or leased bus.

I do hereby absolve and release the chaperones, drivers, and Chapel Hill Bible Church from any claim which might result from an accident or emergency sustained by such son or daughter while away from home, at the activity or on the trip. I understand that proper discipline will be used to maintain his or her safety and health.

In the even that the aforementioned student suffers any illness or accident requiring emergency medication, hospitalization, or surgery at any time while at the activity or on the trip, I hereby give permission for any necessary medication, hospitalization or surgery on recommendation of the attending physician and an accompanying adult at said activity or trip. It is understood that the attending physician or accompanying adult will contact me at the earliest possible moment. All expenses will be paid by me or my insurance company.

Please note: Parents or guardians are requested to sign this claim to avoid obligating the church or any of its representatives in the event of an unforeseen tragedy or accident. Responsible adults will accompany the youth and will supervise their activities, and every effort will be made to assure their safety. This claim remains in effect for the duration of the student's time in the youth ministry of Chapel Hill Bible Church (through completion of 12<sup>th</sup> grade).

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: (H) \_\_\_\_\_ (C) \_\_\_\_\_

*(Notary: must be notarized for out of town trips)*

**State of North Carolina**

County of \_\_\_\_\_

The forgoing instrument was acknowledged before me on this \_\_\_\_\_ by \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who did not take an oath.

X  
\_\_\_\_\_  
Notary Signature

List two people who may assume temporary care of your child in an emergency:

**Person 1:**

Legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Person 2:**

Legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Insurance**

*Primary coverage of child*

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Policy is in what name? \_\_\_\_\_ Company/Business: \_\_\_\_\_

*Secondary coverage of child*

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Policy is in what name? \_\_\_\_\_ Company/Business: \_\_\_\_\_

Medical History (please describe any allergies: food, medical, insect, plant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_