

Berea Baptist Church Emergency Contact Form

Ward(s) Names and Ages _____

Address _____

Guardian name _____

Phone number for Guardian(s) _____

Other emergency contact name and phone number _____

Any Dietary requirements? (vegetarian, gluten free, lactose intolerant) _____

I give permission for my ward to take part in Berea Baptist Church Activities and agree that the Leadership team of Berea Baptist Church will not be held responsible for any injuries or illnesses that my ward sustains at a Berea Baptist Church Activity. I hereby authorize an adult leader of Berea Baptist Church, to act as an agent of myself, in seeking emergency medical treatment, if deemed necessary for my ward(s). In the event that I cannot be contacted in an emergency, I authorize the physician or hospital selected by the leader to provide treatment, including hospitalization, for my ward(s). I also surrender my wards legal right to their electronic image, and permit usage of it/them for the churches purposes.

Guardians Signature _____ Date _____

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