2025-2026

TULIP GROVE BAPTIST CHURCH

Mother's Day Out MEDICAL/PERMISSION AND RELEASE FORM

Participant's Legal Name	Date o	f Birth//			
Address of Participant				Zip	
Parent/Legal Guardian Name	Address (if different)			
City State Zip	Email Add	dress			
In case of emergency notify:			()		
Work () Other ()				
Med	dical Profile (Continue	on back if neces	ssary)		
Generally, Participant's Health is: (Circle One)					
If Fair or Poor, please explain your condition:					
List any medical difficulties for which you are of	currently being treated	:			
Check any of the following that cause you prol	olems and explain: As	sthma Sin	usitis l	Bronchitis	
Kidney Trouble Heart Trouble	_ Diabetes Dizzir	ness Stom	ach Upset _	Hay Fever	
List any medicines or substances to which you	are allergic:				
List any previous operations or serious illnesse	s:				
List any medications you are currently taking:					
List any special diet or special needs:					
Childhood Diseases: Chicken Pox Meas	les Mumps	Whooping	Cough	Other	
Date of Most Recent Tetanus Immunization: _	_//_				
Family Physician		Phone (()		
Health Insurance Co.		Policy	/ #		
Subscriber NameSub	scriber Number	Place o	of Employmer	nt	
Subscriber Occupation	V	Vork Phone ()		
*********	:******	*********	*******	********	****
By signing below, the parent/guardia Mother's Day Out program of Tulip Grove Bap I, the undersigned have legal custody participate in the Mother's Day Out program of any ministry or activity, and I hereby release the volunteer workers from any and all liability for involvement. This consent form gives permission to and releases the Mother's Day Out program, the undersigned, do hereby verify that the above the Mother's Day Out program of Tulip Grove past, present, or future arising out of any dam Baptist Church. PERMISSION FOR PHOTOG GI GIVE permission to the Mother's brochures, newspapers, and the church websited in DECLINE permission for the Mother's Child for the promotional purposes of the Mother's Child	tist Church from June 2 of the participant nam of Tulip Grove Baptist Cone Mother's Day Out pr any injury, loss, or dan orender or obtain neces the church and its staff information is correct, Baptist Church and the age or injury while par RAPHY – Mother's Day Day Out program of Tu Day Out program of Tu te. er's Day Out program of her's Day Out program of her's Day Out program of	1, 2025, to May and above, a minichurch. I underst rogram, the chumage to person dessary medical at of any liability and I do hereby exchurch from all ticipating in the lip Grove Baptist alip Grove Baptist of Tulip Grove Band I do Grove Baptist of Tulip Grove Band I do Grove Band I do Grove Baptist of Tulip Grove Band I do Grove Ban	30, 2026. for, and have and that the rch, its pasto or property t ttention in ca gainst persor release and i claims, dem Mother's Da of Tulip Grove t Church to p st Church. Th aptist Church	given my consent for him/he re are inherent risks involved rs, employees, agents, and hat may occur during my child se of sickness or injury to my hal losses of named child. I, the forever discharge all sponsors ands, actions or cause of acticy Out program of Tulip Grove a Baptist Church hotograph and/or video my c is may include but is not limit to photograph and/or video is the	er to in d's child ne s and on, hild ed to
Parent/Legal Guardian Signature			Da	te:	
	NOTARY ACKNOW				
On this the day of, 20,	personally appeared by	pefore me		, personally known	by
me, and in my presence executed the within a day of, 20	nd forgoing permissior		m. Witness e Notary Sea		
Notary Public Signature					

My commission expires _____