

NAME _____ GRADE _____

Bethany Bible Church, 6060 N. 7th Ave., Phoenix, AZ 85013 (602)246-9788

PERMISSION SLIP FOR ANY CHURCH RELATED FUNCTION AND CONSENT FOR MEDICAL TREATMENT

The undersigned hereby gives permission for, _____
to attend any church related function for the period from June 1, _____ to May 31, _____. In the event there
is an emergency involving your child, permission is hereby granted for Bethany Bible Church personnel to consent to any
x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor
under the general or special supervision and on the advice of any physician or surgeon licensed to practice in any state,
and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be
rendered to the minor by any dentist licensed to practice in any state, and church personnel shall not be held personally
liable.

Signature of Parent or Legal Guardian
(sign in presence of Notary Public)

Address

City State Zip

Home Phone Cell Phone

STATE OF ARIZONA, COUNTY OF MARICOPA

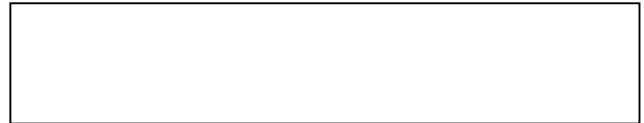
Subscribed and sworn to before me

this _____ day of _____, _____

by _____
(Notary Public's printed name)

NOTARY PUBLIC: _____

My Commission Expires: _____



Place Notary Seal Here

In case of an emergency, please provide us with the following information:

Student's Name: _____ Date of Birth: _____

Parent's Name: _____

Business Phone: _____

Nearest Relative/Neighbor _____ Phone: _____

Family Insurance Number: _____ Insurance Company: _____

Date of last tetanus shot: _____

Date of last measles shot: _____

Does your child take any regular medicine: _____ If so, what: _____

Does your child have any allergies: _____ If so, what: _____