

Chapel Hill Baptist Church  
Baptism Form  
8826 Trevarthon Road, Orlando, Florida 32817  
(407) 678-5313 [www.chapelhillbaptist.com](http://www.chapelhillbaptist.com)



## ***Chapel Hill Baptist Church Youth Ministries Permission and Medical Release Form***

I, the parent/guardian of \_\_\_\_\_

*Youth's Full Name*

do give permission for \_\_\_\_\_

*Youth's Full Name*

to attend: \_\_\_\_\_

*Event Name and Date*

**with Chapel Hill Baptist Church Youth Ministries.**

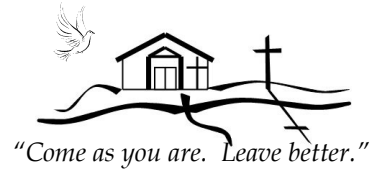
I also give permission for Pastor Bill Patton or any of the staff, leaders, or volunteers of Chapel Hill Baptist Church to authorize medical treatment for my child in case of an emergency where I cannot be contacted. I do not hold Pastor Bill Patton, Chapel Hill Baptist Church, or any of the youth leaders or volunteers liable for any accidents, injuries, or illnesses incurred during this event. I understand that I am responsible for any expense of my child's medical care and that my family insurance is primary. No other insurance is provided. I also understand that I am financially responsible for any damage done by my child to any facility, equipment or vehicle, or injury to another. I agree to pay in full for my child to be returned home for any behavior deemed unacceptable by Pastor Bill Patton and this will be at Pastor Bill Pattons's discretion.

\_\_\_\_\_  
*Parents Signature and Date (Please fill in emergency contact information on back)*

\_\_\_\_\_  
*Notary's Signature and Date*

(For Notary Only) My Commission expires on \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Insurance Carrier \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Nearest Relative(s) \_\_\_\_\_ Phone # \_\_\_\_\_