

2007-2008 PARTICIPATION AGREEMENT FOR MINORS

Bethel Church ■ 600 Shockley Rd. ■ Richland, WA 99352

Today's Date _____

STUDENT NAME _____ Current Age _____ Grade/Fall 2007 _____

As the parent or guardian of _____, I hereby give my permission for him/her to attend activities sponsored by **BETHEL CHURCH, from August 1, 2007, to August 31, 2008.**

In the event that I cannot be reached, I hereby give my permission for an attending physician to take any reasonable action necessary for _____'s well-being, including hospitalization, anesthesia, injections, and surgery. Any directions to the contrary should be indicated below:

_____/_____
PARENT / GUARDIAN SIGNATURE DATE DAY PHONE EVE PHONE

_____/_____/_____
STREET ADDRESS CITY STATE ZIP

_____/_____
EMERGENCY NAME (if parent cannot be reached) TELEPHONE NUMBER(S)

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE CO. _____/_____
(Name) (Telephone)

PROVIDER _____

EMPLOYER _____
(Name)

(Address)

GROUP & ID # _____

PHYSICIAN _____/_____
(Name) (Telephone)

ALLERGIES TO MEDICATIONS _____

CURRENT MEDICATIONS _____

DATE OF LAST TETANUS IMMUNIZATION _____ (month & year)

Renew this form yearly.