

**Tunnel Hill Baptist Church**  
**734 Tunnel Hill Church Road**  
**Elizabethtown KY 42701**  
**270-737-8120**

## **Parents' Authorization and Release**

We, the undersigned parents/guardians, do hereby authorize the undersigned child/children to participate in church sponsored trips, activities, events, including transportation to or from any event authorized in connection with Tunnel Hill Baptist Church. We do authorize emergency medical attention to be administered to our child/children should the need arise, releasing Tunnel Hill Baptist Church from liability.

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Name/Phone number of person to be contacted when parent cannot be reached:

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Information (include name of company, policy number, group number, Insured name) \_\_\_\_\_

\_\_\_\_\_

Special Medical Concerns \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Participant Signature