Little Lambs Learning Center

A Weekday Preschool Ministry of Bay Leaf Baptist Church

September 1, 2021 – August 31, 2022

Contact Information/Medical Permission & Release Form

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Bay Leaf Baptist Church, all of it officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

It is my understanding that Bay Leaf Baptist Church will attempt to notify me in case of a medical emergency involving my child. If Bay Leaf Baptist Church staff members, chaperones, or any other Bay Leaf leaders cannot reach me, then I authorize Bay Leaf Baptist Church to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

Child's Name: (Last, First, MI): _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Legal Guardian Name: _____

Address: _____

City Zip Code

Daytime Phone Number: Work Phone Number: Cell Phone Number:

_____ _____ _____

Contact in case of emergency (relationship) _____

Contact's Telephone Number: _____

Secondary Contact in case of emergency (relationship) _____

Secondary Contact's Telephone Number: _____

Insurance Carrier: _____

Member Number: _____ Group Number: _____

Any Medical Problems? YES _____ NO _____

If yes, describe: _____

Medications prescribed? YES _____ NO _____

If yes, describe: _____

Date: _____ Parent/Legal Guardian Signature: _____

BAY LEAF
12200 Bayleaf Church Rd
Raleigh, NC 27614
919-847-4477