

MZBC Youth Release Form

Mt. Zion Baptist Church
1791 Lake Lowndes Road
Columbus, MS 39702
662-328-2811

Student Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Main Phone _____ Secondary Phone _____

Other Emergency Contact _____

Main Phone _____ Secondary Phone _____

Insurance Company _____ Policy # _____

Physician _____ Phone _____

Known Allergies:

Current Prescriptions:

Medical Restrictions, dietary needs, or illnesses:

I do hereby grant permission for my child, _____, to attend and participate in the activities sponsored by Mount Zion Baptist Church (MZBC) on the dates of _____. If necessary, I grant permission to an adult of MZBC to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my child under the general or special supervision and on the advice of any physician or at said hospital. I agree to take full financial responsibility in the case of such emergency. If necessary for my child to return home due to medical or disciplinary reasons, I also agree to assume all transportation costs. I also grant permission for my child to ride in any vehicle designated by an adult of MZBC while attending and participating in activities sponsored by MZBC.

Parent/Guardian Signature _____

Date _____

Notary Public _____

My commission expires _____