



WINKLER'S GROVE BAPTIST CHURCH
SENIOR STARS TRIP FORM 2022

Permission & Insurance Release Form

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **BIRTHDAY:** _____

In Case of Emergency Call:

Name: _____ **Relation:** _____

Phone Number:() - (H) or () - (W) or () - (CP)

OR

Name: _____ **Relation:** _____

Phone Number:() - (H) or () - (w) or () - (CP)

I understand that, in the event medical treatment is required, every effort will be made to contact my emergency person. However, if they cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including surgery or anesthesia, for my well being. I will not hold Winkler's Grove Baptist Church or the members or sponsors responsible for injuries or accidents that might occur.

SIGNED: _____ **DATE:** _____

Please list any allergies, medical problems, or any other important information.

MEDICATIONS WITH MG & DOSAGE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INSURANCE COMPANY: _____ **POLICY#:** _____