

# Wallace Memorial Baptist Church

## PARENTAL CONSENT FORM



(1) CHILD \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Email \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_  
if different from above)

(2) CHILD \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade Completed \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_

I, hereby, give permission for my child(ren) to participate in the trips and/or activities sponsored by Wallace Memorial Baptist Church Children's Ministry during the year of 2020. I realize that all church-sponsored activities are well planned and all precautions are taken to prevent any accident. However, in the event of an unforeseen mishap, I do hereby release all sponsors and Wallace Memorial Baptist Church of Knoxville, TN, from any and all claims, demands, actions or cause of action, past, present or future, arising out of any damage or injury while participating in the event.

I have read the above and agree to all terms listed.

Signature of Parent/Guardian \_\_\_\_\_  
(Date)

NOTARY PUBLIC: County of Knox, State of Tennessee

In witness, thereof, this \_\_\_\_\_ day of \_\_\_\_\_ 2020

\_\_\_\_\_  
(Signature of Notary Public)\_\_\_\_\_  
(Printed Name)

Expiration Date of Commission:

SEAL