

PARTICIPATION AGREEMENT FOR MINORS

Please check the campus you are affiliated with:

CLEARLY PRINT CHILD'S LAST NAME

CAMPUS

PROSSER

RICHLAND

WEST PASCO

STUDENT NAME

DOB

GENDER

GRADE FALL 2016

As the parent or guardian of the above named student, I hereby give my permission for him/her to attend activities sponsored by **BETHEL CHURCH**, from **JUNE 1, 2016—AUG 31, 2017**. In the event that I cannot be reached, I hereby give my permission for an attending physician to take any reasonable action necessary for the above named student's well-being, including hospitalization, anesthesia, injections, and surgery. Any directions to the contrary should be indicated below:

PARENT/GUARDIAN SIGNATURE

DATE

DAY PHONE

EVE/CELL PHONE

PRINT PARENT NAME

STREET ADDRESS

CITY

STATE

ZIP

EMERGENCY NAME *(if parent cannot be reached)*

PHONE NUMBER(S)

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE CO. *(Name)*

(Telephone)

PRIMARY INSURED

EMPLOYER NAME

EMPLOYER ADDRESS

GROUP & ID #

PHYSICIAN *(Name)*

(Telephone)

ALLERGIES TO MEDICATIONS

CURRENT MEDICATIONS

DATE OF LAST TETANUS IMMUNIZATION *(month & year)*

Renew this form yearly, **one per child.**