

ACTIVITIES & MEDICAL TREATMENT AUTHORIZATION

(Child's name) _____ of Squad _____ has my permission to participate in any sanctioned activity of the **4thPJ Co. Boys' Brigade , Emmanuel Baptist Church** , provided he/she is properly supervised by authorized officers and commanders. Such activities would include field trips, camp-outs, out-door or in-door games, and any other normal activities.

I understand that all the necessary precautions have been taken for the safety of my child and that I will be notified in the case of an emergency. I authorize the calling of a doctor and the providing of medical services in the case of an accident, injury or sickness. I understand that **4thPJ Co. Boys' Brigade and /or Emmanuel Baptist Church** will not take care of medical expenses incurred; they will be my responsibility as the parent/guardian.

I agree to notify **4thPJ Co. Boys' Brigade** in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that the commanding officer reserves the right to restrict my child from any activity that he/she does not feel is within the physical capabilities of my child.

Name of parent/guardian : _____

I/C No: _____

Signature of parent/guardian : _____ **Dated :** _____