

t. c. b. y.
The Columbus Baptist Youth
609-298-6226
PARENTAL RESPONSIBILITY DESIGNATION FORM

I, (we), the undersigned parent(s) / guardian(s) of _____ designate temporary Guardianship in this **BLANKET CERTIFICATE** to the *Columbus Baptist Youth Leaders* for any off campus trip from July 1, 2007 through September 30, 2008. The above person(s) may grant permission for medical treatment during any off campus trips. If there are questions, (we), may be reached at:

Address: _____

Phone # (____) _____ HOME
(____) _____ WORK
(____) _____ CELL

My (our) health insurance information is:
Insurance Co: _____
Policy #: _____
Subscriber Name: _____
Family Doctor: _____
Doctor's Phone #: (____) _____
Allergies: _____
D.O.B.: _____

I, (we) understand that the Columbus Baptist Church will not be held responsible for any injuries that may occur during any trip because of any unforeseen incident that may happen while on any trip. The Leaders will see to it that all students will be supervised to the best of their ability while they are with them. I (we), also give permission to use any photos/videos taken during any event for the purpose of sharing this ministry with others.

Parent or Guardian Signature

Date

Please PRINT your name _____

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