Child's Name:_____

McGKidz Salt and Light in Training (S.A.L.T.)
Medical Release

We (I) are the parents (legal guardians) of _____, a child enrolled in the McGregor Baptist Church Salt and Light in Training (S.A.L.T.) Ministry.

We (I) hereby grant permission for the child named above to travel by a vehicle driven or operated by an employee of McGregor Baptist Church acting within the scope of his or her duties, or gratuitously by individuals or by an independent contractor. This transportation may be a privately owned vehicle or a privately owned charter bus.

We (I) accept responsibility to determine that the transportation provided is safe and reasonable for the purpose intended. We (I) agree that the McGregor Baptist Church, its officers, trustees, and employees are not negligent in their choice of the transportation and that we (I) have freely chosen the transportation provided herein. We (I) understand that we have the option to provide our own transportation method.

We (I) hereby waive, release and discharge the McGregor Baptist Church, its trustees, officers and employees from any claim, demand or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the McGregor Baptist Church and its employees from all claims for loss, damage or injury sustained by us (me)\ or by our (my) child whether the same be caused by the negligence of the McGregor Baptist Church or its officers, agents, employees, or otherwise.

We (I) give our (my) permission to the McGregor Baptist Church Directors or designated personnel to seek emergency medical assistance for my child in the event that it becomes necessary during the retreat or while traveling with the S.A.L.T. Ministry during the **2026 Spring Overnight, beginning 6:00 PM Friday, May 15 - Saturday, May 16, 2026 (pick-up at 11:15am at The Palms, 2674 Winkler Avenue, 33901 or 12:00-12:15pm at McGregor Baptist Church).**

***Emergency Contact Person*:**

Name: _____

Phone: _____

Email: _____

***Medical/Allergic*: Please list any specific allergies, chronic illnesses and other conditions**

Allergies/Illness: _____

Medicines Taken/Dosage: _____

Date of last tetanus shot: _____

Health Insurance

Company Name: _____

Policy Number: Group Number: _____

Physician's Name: Phone Number: _____

Parent / Guardian Signature: Date: _____

Parent / Guardian Name (printed) _____

Children who do not have medical release forms on file will not be allowed to travel with the organization. Students who endanger the health or welfare of themselves or others will be sent home immediately at their parent's expense.