**MEDICAL & TRANSPORTION PERMSSION FORM**

My permission is granted for Porter Memorial Baptist Church and its adult sponsors to obtain necessary medical attention in case of sickness or injury to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during the 2019 “Magnificent Mondays” day trips. I also give permission for my child to be transported by church vans or private vehicles. I, the undersigned, do hereby release, remiss and forever discharge all sponsors and Porter Memorial Baptist Church of Lexington Kentucky, from any and all claims, demands and actions or cause of action, past, present and future arising out of any damage or injury while participating in and traveling to and from such events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date