



Permission Form and Medical Release Form 2019-2020

Child's Name _____ Age _____ Birth Date _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Grade _____

Parent/Guardian #1 Name: _____ Cell _____ email _____

Parent/Guardian #2 Name: _____ Cell _____ email _____

Alternate emergency contact (Name and Phone Number) _____

I give Faith Baptist Church permission to use Ministry Sponsored photographs of my child for the church website. Yes [] No []

List any medical conditions or allergies your child has: _____

Explain how these may manifest during our programs: _____

List all medications your child takes regularly: _____

Any information to share with EMT in event of medical emergency: _____

Any information you can add that would best help us with your child/teen-such as educational tips. Are there any special needs or services at school that would assist us during our programs? _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Faith Baptist Church through September 30th, 2020. We (I) agree not to hold Faith Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

As a parent/guardian, I do herewith authorize the treatment of the aforementioned minor by a qualified licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I agree to be responsible for all costs and expenses incurred in connection with such medical services rendered to the aforementioned minor pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Faith Baptist Church.

Hospital Insurance: Yes No

(participant, if over 18) (date) (parent or legal guardian of child) (date)

Insurance Company: _____

Doctor: _____

Policy Number: _____

Doctor's Phone Number: _____

Policy Holder: _____

Emergency Phone Numbers: _____