

First Baptist Church in Beverly
PARENTAL PERMISSION AND MEDICAL RELEASE FORM
First Baptist Church Youth Fellowship
Permission Form

Child's Name: _____

Address: _____

Insurance Company: _____

Policy #: _____ Phone #: _____

Date of Birth: _____ Age: _____ Height: _____

Does your child have any physical limitations?

Is your child taking any medications currently?

Please list anything else we should know about your son or daughter on the reverse side.

I hereby give my permission for my son or daughter to participate in today's Youth Fellowship activity with the First Baptist Church in Beverly. Should any medical concerns arise, every attempt will be made to contact me or to contact the emergency contact listed below.

In the event of accident or illness, I understand that every attempt will be made to reach me or another designated person through the numbers listed below. Should I be unavailable, I give my permission for the leaders of the group to authorize any necessary treatment for my child, including anesthesia and surgery. I will not hold First Baptist Church or its appointed leaders responsible for any injury my child incurs. I also understand that there are certain guidelines of conduct for this experience that will be explained to my son or daughter. Should he or she fail to keep such guidelines, I understand that my child may be sent home and I will need to come and pick him or her up.

Date: _____ Signed: _____

Emergency Contact and Phone # _____