

MEDICAL RELEASE AND GENERAL PERMISSION

First Baptist Church of DeRidder, LA
Student Activities 2016 - 2017

Student/Chaperone: (* not needed for chaperone)

Name Home Phone Cell
Address ZIP
Student Email (PLEASE PRINT) *Grade
Date of Birth (mm/dd/yyyy) *School

Parent:

*Father Home Phone Cell
*Mother Home Phone Cell
*Parent Email (PLEASE PRINT)
OTHER Phone Number
(Name and Relationship)

Insurance Company
Contract Number Group Number

I authorize a representative of First Baptist Church to seek and sign for treatment of (son/daughter) for any emergency medical treatment and/or diagnostic procedures by doctors and emergency room staff in treatment of patient.

Please list ANY/ALL medications, medical problems, conditions or allergies we need to be aware of:

Signature of Parent or Guardian (Chaperone Signature) Date

My child has permission to attend and participate in activities sponsored by First Baptist Church, including travel to and from such activities by church vehicle or charter vehicle. I also give permission for my child to travel with an adult driver over the age of twenty-five years (25 years) in a personal vehicle when deemed appropriate by the leader of an activity.

Signature of Parent or Guardian Date

My son/daughter may be pictured individually or in a group in photos contained on the First Baptist Church website (www.fbcderidder.org) and subsequent program for viewing and ministry promotional purposes only. They will not be shared or sold to any entity outside the membership of FBC. I recognize that my signature is authorization for photos of my child to be used.

Signature of Parent or Guardian Date