



Permission Slip
Medical Release and Liability Release

Valid for the calendar year 2015

Name of Young Person _____ Birth Date _____

Parents or Legal Guardians _____

Address _____

City/State/ZIP _____

Home Phone _____ Work Phone _____

Family Doctor _____ Doctor's Phone _____

Emergency Contact _____ Phone _____

Medical Release Form

I hereby give my permission for First Baptist Church and its ministers, directors, and sponsors to call a doctor or EMS for the medical benefit of the above mentioned child or young person. I further give my permission for the doctor, EMS, or hospital to provide emergency medical and surgical care for this individual should an emergency arise.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness or injury. I will accept all the financial responsibility for the emergency medical treatment. I release First Baptist Church, its ministers, members, and sponsors from any responsibility in the event of needed emergency care.

_____ Date _____
(Father, Mother, or guardian)

This child is allergic to: _____

My medical insurance company is: _____

Policy Number(s)/info _____

Current medical needs: _____

Previous Surgeries: _____

Release of Liability

I will not hold First Baptist Church in Winnsboro, Texas, liable for my child (or the child named above for whom I am the legal guardian) either for injuries incurred by or damages caused by, nor will I hold liable any minister, staff, teacher, sponsor, or others taking part as volunteers, while the child is:

1. Attending activities or services at the FBC buildings
2. Attending activities sponsored by the FBC which may be away from the church buildings
3. Taking part in any activity sponsored by the FBC, or in which the church is participating, but is not the sponsor
4. Being transported to or from such activities

As the parent or legal guardian of this child, I understand and agree to the following:
Should this child present a problem by disobeying rules or directions from the ministers, staff, adult volunteers, or sponsors of FBC, **they may be sent home immediately no matter the time of day or night, at my expense.**

With my signature, I also give permission to First Baptist Church to include my child's image in picture, video, or other media.

_____ Date _____
(Father, Mother, or guardian)

As the child or young person participating in the activity sponsored by First Baptist Church, I understand I may be sent home immediately for disobeying rules or directions from those adults who are sponsors for the activity. I understand my parents or guardians (those named above) will be responsible for the expense of my being sent home for disciplinary reasons.

Participant's signature _____ Date _____

The following is to be completed by the notary witnessing the parent/guardian signature.

State of _____ County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

(Notary Public signature)

My commission expires the _____ day of _____, A.D. _____.

(continued on back side)