

One Time Event Permission Form

_____ (student's name) has my permission to attend the _____ (event) on _____ (date of event).

I understand that by signing this form I am releasing First Baptist Church, its ministers, its staff, and its members of any and all liability for any injuries, sickness, or death. Also, I give permission for my son/daughter to be photographed and videoed for use on the website and in the publications of First Baptist Church.

Parent/Guardian Signature: _____

Date: _____

Emergency Phone Number: _____

Medical Information

Family Insurance Company: _____

Group #: _____

Family Physician: _____

Phone #: _____

List any medical conditions/concerns of which we need to be aware:

List any prescription drugs your son/daughter may be taking during the weekend (please included dosage, frequency, etc.):