

Shirt Size _____

2018 Youth Permission Form For Participation & Medical Treatment
First Baptist Church, Smithfield, NC

Name _____ Age _____

Address _____,
Street or PO Box City, State, and zip code

Birthdate _____ Social Security # _____ Home Phone _____

Parents/Guardians _____

Location of Parents/Guardians on weekdays _____ weekends _____

Father's Name _____ Company _____

Work Address _____

Work Phone _____ Home or Cell Phone _____

Mother's Name _____ Company _____

Work Address _____

Work Phone _____ Home or Cell Phone _____

Person To Contact if Parents/Guardian Cannot be Located

Name _____ Phone _____

Address _____

Medical Information

Family Physician _____ Phone _____

Insurance Co. & Claims Address _____

Policy No. _____ Contact/Group Number _____

Other Insurance Information _____

Date of last Tetanus Shot _____

Allergies _____

Please list any medical problems we should know about, any medications that your child is taking, and any foods your child should not eat _____

******PLEASE COPY YOUR INSURANCE CARD ON THE BACK OF THIS FORM******

(To be signed by parent in the presence of a Notary Public)

As the parent or legal guardian of _____, I give my permission for him/her to participate in activities with First Baptist Church, 202 S. Fourth St., Smithfield, NC, for the period of January 1, 2018 through December 31, 2018, I understand that at times the activities will involve travel away from the facilities and that some of the activities have a risk factor, examples include but are not limited to: flying; snow skiing; swimming, white water rafting, other water activities; athletic events such as softball, volleyball, basketball, etc.; hiking, and traveling. I give permission for my child to be given medical emergency attention if deemed necessary while under the care of First Baptist Church. I understand that every effort will be made to contact me before any actions are taken. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless First Baptist Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation on trips during the year 2016. I also give permission for his/her picture to be published on the First Baptist Church website at fbcsmithfield.org and the FBC Smithfield Facebook Page, Instagram, or any other FBC Smithfield

 Parent/Guardian Relationship Date

Notary:

State of: North Carolina, County of: Johnston. Sworn to and subscribed to me this _____ day of _____, 20_____.

Notary Public _____ My commissions expires _____