



Permission Form

(Print Form, complete and return to Student Ministry Office - First Baptist Church of Royse City)

My Name is _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge FIRST BAPTIST CHURCH OF ROYSE CITY, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by

(youth's name) _____ while participating in any Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of FIRST BAPTIST CHURCH, for any and all activities.

By signing this agreement, I give my permission for my son or daughter

(youth's name) _____ to receive medical attention in the event of an emergency.

Signature: _____

Date: _____

Insurance Company: _____

Policy Issued under name of: _____

Emergency Number: _____



Medical Information Form

(Print form, complete and return to Student Ministry office)

Name _____ Age _____ Grade 7 8 9 10 11 12

Address _____ City _____ St _____ Zip _____

Phone _____ Email _____

State condition of student's: ears _____ sinuses _____ heart _____

Is student subject to: fainting spells? _____ heart trouble? _____

food allergy? _____ medication allergy? _____ sleepwalking? _____

epilepsy? _____ Has student had appendix out? _____

Is student a diabetic? _____

Does student have any handicaps which would greatly hinder him from entering into full program activities? _____ If so what? _____

Can student swim? _____ advanced? _____ beginner? _____

Any restrictions or special medical attention needed while at this function? If so, please list:

Has student had a tetanus shot? _____ Date? _____

Any special dietary needs? _____

I certify to my knowledge that my son or daughter has not been exposed to any contagious disease within the last 30 days. I certify any licensed medical doctor to x-ray or medically treat my child in any emergency. I understand that FIRST BAPTIST CHURCH will not be held liable for any accidents while my son or daughter is at this function. I also understand that if my son or daughter needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers below and I will be responsible for any and all expenses incurred.

Signature of Parent/Guardian _____ Date _____

Emergency phone # where I can be reached:

Day _____ Night _____

Alternate phone # if not at above number:

Day _____ Night _____