



**FBC Youth General Permission Slip\***

Date \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the First Baptist Church Youth sponsored event (trip, lock-in, retreat, etc.). I also give permission for medical care to be given to my child in case of emergency.

\_\_\_\_\_  
Parent's Name (PLEASE PRINT)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Emergency Contact Name and Number

\_\_\_\_\_  
2<sup>nd</sup> Emergency Contact

\_\_\_\_\_  
Medical Insurance Carrier and Policy Number

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
List Medications taken on a Regular Basis or Other Pertinent Medical Information

**\*Must have in hand or on file to attend event**



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