

RELEASE AND PERMISSION FORM

First Baptist Church, 621 East 12th Avenue, Bowling Green, KY 42101
(270) 842-0331 or fax (270) 842-8506

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Full Name of Child: _____ Birthdate: _____

Complete Mailing Address of Child: _____

Phone Number: (270) _____ Sex: Male _____ Female _____

Father's Name: _____ Work phone: (270) _____

Mother's Name: _____ Work phone: (270) _____

Please provide another contact person in case parents cannot be contacted for an emergency situation:

Name: _____ Phone: (270) _____ Relation to child: _____

INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____

Complete Mailing Address of Insurance Company _____

Phone Number of Insurance Company: () _____ Name of policy holder _____

Social Security # of child: _____ Social Security # of Policy Holder _____

Policy Holder's Employer: _____

Policy Holder's address and phone: _____

If family does not have medical insurance please provide credit card information for payment of medical related expenses.

Card Holder's Name: _____ Credit Card Number _____

Expiration Date of Card: _____ / _____ / _____ Card type: _____

MEDICAL INFORMATION

Family Physician's Name: _____ Phone #: (270) _____

Is your child allergic to any medication(s)? If so, list name(s) of medication(s): _____

Is there any special health information we should know about your child? If so, explain _____

Date of last tetanus immunization: _____ / _____ / _____ Blood type, if known: _____

Are all immunizations current? Yes _____ No _____ If not, please explain: _____

Is your child taking any prescription medication(s). If so, list name(s) of medication(s), dosage(s), and reason(s) for medication(s): _____

EMERGENCY MEDICAL RELEASE:

For consideration of my child participating in activities of First Baptist Church, Bowling Green, (we) release First Baptist Church, members, officers, agents, employees and workers, from any liability for any injuries or illnesses which might occur to my child. I (we) further agree to indemnify First Baptist Church, its members, officers, agents, employees and workers from any expenses that might incur due to any injuries or illnesses of my child. I (we) furthermore, in the event of illness or injury grant permission for the Church Staff Member(s) or chaperone(s) to decide on the immediate care of my child in the event that I (we) cannot be contacted at the above numbers, including hospitalization, treatment, surgery or anesthesia.

DISCIPLINE POLICY:

I (we) also clearly understand that if my (our) child misbehaves he/she will be sent home from the event with a chaperone at the discretion of the Church Staff Member(s) and that I (we) will indemnify First Baptist Church, its members, officers, agents, employees, and workers for any expenses that might incur in the sending home of my (our) child and chaperone, i.e., cost of plane ticket(s), bus ticket(s), or other. I (we) have discussed this discipline policy with my (our) child and I (we), he/she understand the full implications of it. By permitting my child to attend and by signing this statement I (we) have full confidence in the discretion of the Church Staff Member(s) in the event that the decision has been made for my child to be sent home.

TRANSPORTATION RELEASE:

We hereby waive, release and discharge First Baptist Church of Bowling Green, Kentucky, their designated staff members, instructors, agents, workers, and employees from any claim or cause of action of any kind and any from to include transportation of the above minor child, to and from any events that said Church Staff Member(s) or other church activities in which said child may participate. Also, we waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action arising during, before, after or otherwise related to a church trip.

GENERAL RELEASE:

It is the intent of the Release and Permission to allow First Baptist Church of Bowling Green, Kentucky, to allow my child to participate in its activities, without fear of suit or other reprisal for any accident, etc., that might happen during the course of my child participating in church-related events.

SIGNATURE(S) OF PARENT(S) LEGAL GUARDIAN(S)

DATE

WITNESS

DATE
