

**First Baptist Church  
PO Box 87  
Lexington TX 78947  
979-773-2633**

**Field Trip Permission Slip and Medical Release Form**

Activity: \_\_\_\_\_

Date and Place of Activity: \_\_\_\_\_

***Please have your student bring money for a meal or tickets, as needed.***

Person in Charge: JoAnna Dorsett 512-694-6548 and Mary Jo Loch 512-466-0231

Please complete the form below, cut it, and send it along with your student or drop it by the YAC in advance. **Your student WILL NOT be able to attend without a completed permission form!**

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Participant's Name: \_\_\_\_\_

Parent's name and phone number:

\_\_\_\_\_

Emergency Contact Person\phone number (if parent unreachable):

Allergies or Special Instructions:

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I give permission for my son/daughter to attend the above event. In the event of injury, I release First Baptist Church from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services if needed. I release the church and its representatives from any liability in the event of an accident in route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Special Medical Needs**

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form. Thank you.

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