

ALL information must be completed. Have documentation notarized after completion (**do not sign until in the presence of a notary**). To maintain privacy, this form will be kept locked up and will need to be updated each year. At the end of the year, our old records will be destroyed.

From January 1,

First Baptist Church

To December 31,

2018

401 W. Howard Street

Live Oak, FL 32064

Phone: (386)362-1583

Fax: (386)364-6478

2018

2018 PERMISSION FORM FOR STUDENT MINISTRY TRIPS AND EVENTS

My child, _____, may take part in field trips, retreats, mission trips, ski trips, or any other excursions under appropriate supervision of a representative of First Baptist Church.

(Parent's or Legal Guardian)

(Home Phone)

(Work Phone)

(Cell or other phone)

(Home Address)

(City, State)

(Zip Code)

If you are willing to let pictures or video footage of your student be used on the church website, please initial _____

MEDICAL HISTORY FOR STUDENT PARTICIPANT

Doctor: _____ Doctor's Phone: _____

List of current medications and dosages (if none, write none): _____

Allergies (if none, write none): _____

Physical restrictions and/or recent surgeries (if none, write none): _____

Date of Birth: _____ Date of last Tetanus Shot _____ Social Security #: _____

Contact in case of emergency: _____ Phone: _____
(Name and relationship to participant)

INSURANCE INFORMATION (Please attach a photocopy of insurance card for hospital treatment)

Insurance Company: _____ Employer or Provider _____

Policy and Group Numbers: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY

I understand that in the event my student requires medical treatment while engaged in activities with the First Baptist Church of Live Oak, Inc., that reasonable efforts will be made to contact me. If I cannot be reached, I grant permission to the ministry's sponsor or adult counselor acting on behalf of the ministry with respect to church activities, as agent for me, to obtain all necessary medical attention in case of sickness or injury to my child. I hold harmless the First Baptist Church of Live Oak Inc from any adverse reaction or results coming from the medical treatment received. I realize this medical release form is valid until December 31, 2018 and understand if there are any changes in the medical information listed above, I am responsible for contacting the church office, providing correct medical documentation necessary and filling out an updated participant form.

NOTARY ACKNOWLEDGEMENT

STATE of Florida, COUNTY of Suwannee

On this _____ day of _____, 20____. Before me personally appeared _____, who is personally known to me or who has produced driver's license # _____ as identification and who did (did not) take an oath.

Participant / Parent of Minor

NOTARY PUBLIC