

**First Baptist Church and Its Ministries  
Parental Permission/Release Form**

Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Time of Activity \_\_\_\_\_

Activity Leader \_\_\_\_\_ Leader's Phone Number \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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***Special Information***

My child: (check all applicable)

- Has no existing medical conditions that would endanger him/her from participating.
- Has a medical condition that is being treated and poses no danger to his/her participation.
- Is taking prescribed medication(s) \_\_\_\_\_.
- Other: \_\_\_\_\_

I give permission for my son/daughter to participate in the above activity. In the event of injury, I agree to hold harmless (which means to not assign blame or legal responsibility) the First Baptist Church and its ministries, its officials, and those workers assisting in the activity from any and all harm that may be sustained as result of or during the activity, including transportation to and from the activity. 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.

Parent's Name (Please print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Return form to ministry leader.***

*Photos or video of children and young people may be taken during First Baptist Church programs for the purpose of promotions and marketing. Photos or video of children and young people must not be taken, reproduced and/or distributed for any other purpose.*

<p><b>For Office Use Only:</b> This form will be kept on file in the Ministry Personnel Office. Date Received: _____</p>
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