

FIRST BAPTIST CHURCH, RICHMOND, KY  
Permission Slip



Circle One: Youth Ministry Children's Ministry Music Ministry

Event: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed as contacts on the most recent medical release form. In the event we cannot be reached in an emergency during the activity dates shown on this form, we hereby give my permission to the physician or dentist selected by the activity leader, or other adults in the group, to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

First Baptist Church will not be responsible for the cost of any emergency medical treatment. The name of the undersigned parent/guardian and the insurance information contained in the most current Medical Release Form on file with the Church will be submitted to the medical providers as the responsible party or parties. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I agree not to hold First Baptist Church, its leaders, employees, committees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I certify that I am the parent/guardian duly authorized to sign this Permission and Medical Release for the above-named student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name Legibly \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name Legibly \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Print Name Legibly \_\_\_\_\_ Current Grade \_\_\_\_\_

**Notary Information:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Seal Imprint