



First Baptist Church  
GREENWOOD

**Student Ministries**

Notary Seal

**Permission and Medical Release Form**  
**Permanently Valid**

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell # \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Name: \_\_\_\_\_

Expected High School Graduation Year: \_\_\_\_\_

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

Parent or Guardian's Cell: \_\_\_\_\_ and \_\_\_\_\_

Parent or Guardian Email: \_\_\_\_\_ and \_\_\_\_\_

Parent or Guardian's Employer & Employer Contact Info: \_\_\_\_\_

**Statement of Permission:**

I give permission for my child to join the youth of First Baptist Church of Greenwood, SC in any of the activities or trips sponsored by the church, its staff, and volunteers. I hereby release First Baptist Church from responsibility and liability for any illness or injury that my child may sustain during church activity. In the event of an emergency, I hereby authorize an adult leader of any sponsored activity as agent for me, to consent to any x-ray, examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist, or a trained medical practitioner licensed to practice under the laws of the state where the services are rendered (i.e. doctor's office, hospital, etc.). I expect to be contacted immediately in the event of an emergency.

Parent Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information** (Please attach additional pages if necessary)

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

**Please update medical information as needed with church staff.**

*Students will not be allowed to go on any Youth sponsored trips located off of the church's campus without a completed permission slip signed by a parent or guardian. Notary services are available in church office upon request.*