

2006 Student Ministry Event Permission Form First Baptist Church, Dayton, Tennessee

I, _____, give _____ permission to participate
 (Parent's name) (Participant's name)
 in the events checked below. In case of emergency, I give the person placed in charge of my child permission to have my child treated. I will not hold the individual in charge, the attending physician, or First Baptist Church, Dayton, TN responsible.

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Ski trip/Snow tube NC | <input type="checkbox"/> Team Building Aug. 4th-6th |
| <input type="checkbox"/> YEC March 3rd-5th | <input type="checkbox"/> Kinkeads day at lake |
| <input type="checkbox"/> Spring Break | <input type="checkbox"/> Summer Splashes |
| <input type="checkbox"/> Mission Trip June 24-July 8th | <input type="checkbox"/> New Years celebration |

Medical Information

Medication currently taking _____

Medication allergic to _____

Any food allergies (if so list) _____

Please check the following medications that you give permission for your youth to take should they be needed:

- Tylenol—regular or extra-strength for headache, fever, cramps
- Mylanta, Maalox—upset stomach
- Dramamine—prevention of nausea
- Benadryl—for allergic reactions or cold symptoms
- Tigan, Phenergan suppository—for excessive vomiting
- Eye drops—for irritated eyes
- _____-for swimmers ears

List any physical, emotional or mental handicaps so leaders can be sensitive to special needs. (Explain on another sheet, if necessary. This information is confidential)

Insurance Carrier _____ **Policy #** _____

Below are numbers where I can be reached:

Home _____ **Work** _____ **Cell** _____

Parent Signature _____ Date _____

Students Signature _____ Date _____

Students Birthday _____ Students Social Security # _____

Mailing Address _____

I, the parents or guardian of the above individual acknowledge that the participation in youth activities sometimes necessarily involves risk of physical injury. I further acknowledge that the events if the Dayton First Baptist Inc. student ministry are primarily administered by volunteers and parents who give of their time rather than paid professionals. By signing this permission form on behalf of the above named individual and permitting the voluntary participation of said individual in its youth events, I hereby release, discharge, and hold harmless the Dayton First Baptist Church Inc. its employees, volunteers, and other representatives from an claims arising out of or relating to any physical injury that may result to said individual while participating in the Dayton First Baptist Church Inc Student Ministry sponsored activities.

Parent Signature _____ Date _____

Witnessed by _____, Notary Public. My commission expires _____