

## Permission and Medical Release Form First Baptist Church Jacksonville, Florida

Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

On Saturday June 2<sup>nd</sup>, we have the wonderful opportunity to minister to senior adults from our church at their homes with whatever they may need done. Cleaning in their homes, yardwork, etc. On Sunday we have the opportunity to lead our Ortega campus in worship at their 11:30 service.

Please check the days you will be participating

Only Saturday \_\_\_\_\_

Only Sunday \_\_\_\_\_

Both \_\_\_\_\_

I give permission for my son/daughter to attend the Middle School Choir Ministry Weekend June 2-3, 2018. We understand and appreciate every student's individuality and interests. However, to ensure your youth gets the maximum experience on these activities, **we encourage full participation from every individual in all the scheduled activities.** If, for any reason, your youth is limited from specific activities, please note the limitations below. Please also use the space provided to indicate any prescribed medications that will need to be administered and any specific instructions for such medications. Also include a description of any medical conditions, which may need to be addressed while your child is under our care.

Limitations/Allergies/Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Is your student allergic to any medications? \_\_\_\_\_

If so, what? \_\_\_\_\_

Please list any medications to be taken while on the trip/instructions:

\_\_\_\_\_  
\_\_\_\_\_

I authorize administration of any over the counter medications by a health care professional. I also authorize any health care professional to treat my child for injury or illness and to release information for insurance purposes during the period of these activities. I further agree to assume responsibility of doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of these activities.

(See Back)

Parent or Guardian's Signature: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place to contact parent during period of activity:  
\_\_\_\_\_

Alternative person to notify in case of emergency if parent/guardian is not available:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**  
Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_