

FIRST BAPTIST CHURCH OXFORD
PERMISSION/MEDICAL RELEASE FORM
STUDENT MINISTRY ACTIVITIES AND TRIPS
2008-2009

STUDENT INFORMATION

Name: _____ Age: _____ Grade: _____ Sex: _____

Address: _____

Parent/Guardian: _____

EMERGENCY CONTACT

Contact Name: _____ Contact Phone: _____

Student's Home Phone: _____

Work (Mom): _____ Work (Dad): _____

Mobile (Mom): _____ Mobile (Dad): _____

MEDICAL INFORMATION

Allergies: _____

Medication (to be administered by an adult): _____

Name of Doctor: _____ Contact info: _____

Insurance Company: _____ Policy #: _____

MEDICAL/LIABILITY RELEASE

I give permission to the church and chaperones to seek emergency medical assistance for my child and/or transport him/her to an emergency treatment facility in the event of any injury.

I will not hold First Baptist Church Oxford liable for accident or injury. I am aware that the church and chaperones will provide supervision during all activities and trips and that my child will be expected to behave in a Christian manner at all times.

Signature of Parent/Guardian

Date

PUBLICITY RELEASE

I give permission to the church to use photos and videos which include my child in publicity for First Baptist Church Oxford.

Signature of Parent/Guardian

Date