

Parental Release Form

**First Baptist Church
506 McCoy Blvd. S.
New Boston, TX 75570
(903) 628-2531**

1. I/We _____, do hereby give our permission for our son(s) and/or daughter(s) _____ to go to _____ sponsored by First Baptist Church.
2. I also give the sponsors and/or director permission to reprimand my son(s) and/or daughter(s) if they do not conduct themselves in a Christ like manner. ***If the young person will not adhere to the rules, he and/or she will be sent home at the earliest possible time at the expense of the parents.***
3. I am familiar with the mode of transportation, the leadership accompanying the group, and the circumstances of the trip. I understand that reasonable measures will be taken to safeguard the health and safety of each child, and that I will be notified as soon as possible in case of an emergency.
4. **In case of sickness or accident, I authorize the calling in of a doctor, or the providing of other necessary medical services.**
5. I also will not hold First Baptist Church, the sponsors, or director responsible for any expenses due to injury that are not covered by the insurance of the church
6. I certify that my child is in good health and can participate in all the normal activities of the trip.

Parent's or Guardian's Signature

Date Signed

Emergency Phone #s: _____

Home

number

Parent/Guardian Work

number

Cell Phone

number

Medical Record

Present Doctor's name: _____ phone: _____

List medications being taken at the present time: _____

Student is Allergic to the following medications: _____

List any other information that would be helpful for a physician: _____

Name of Insurance Company: _____

Insurance Policy #: _____

(Please attach a copy of your student's insurance card to this form or send a insurance card with your student)