



PERMISSION & MEDICAL RELEASE FORM

GRADE _____ M OR F _____ HEIGHT _____ WEIGHT _____

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE () _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

PARENTS BUSINESS PHONES _____

ALLERGIES TO DRUGS OR FOODS _____

SPECIAL MEDICATIONS, BLOOD TYPE OR OTHER PERTINENT INFORMATION:

FAMILY PHYSICIAN _____ PHONE () _____

OFFICE ADDRESS _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child to attend and participate in the following activity:

Event Name: First Baptist Augusta, Kansas Musical Mission Trip

Host Church Name, Contact Person & Phone#: First Baptist, Augusta Dick Smith, Youth Pastor 316-775-5466
316-619-4813 Cell

Date of Event: May 31st through June 15th, 2008

In the event of an emergency where medical treatment is required we (I) give our (my) permission to the Activity Sponsors to obtain the services of a licensed physician or dentist. Please attempt to notify us (me) immediately concerning any such emergency.

The undersigned shall be liable for all costs and expenses incurred in case of any such emergency. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the FIRST BAPTIST CHURCH, 1501 State Street, Augusta, KS.

Hospital Insurance Yes ___ No ___

Hospital Preference _____

Participant _____
Date

Insurance Co. _____

Father _____
Date

Policy # _____

Mother _____
Date

Emergency Phone # () _____

Legal Guardian _____

**PARENT: PLEASE RETURN THIS FORM TO YOUR GROUP LEADER
GROUP LEADER: BRING THIS FORM TO THE EVENT AND LEAVE A
COPY WITH YOUR CHURCH.**