

First Baptist Church, Iron Youth
September 2023-August 2024
Multi-Event Permission Form

As the parent/guardian of the below named child, I hereby give him/her permission to participate in any and all of First Baptist Church's youth activities. By signing, I also authorize treatment under the direction of any licensed physician or emergency medical personal of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician or emergency medical personal, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed below.

In consideration of First Baptist Church allowing the below named child to participate in First Baptist Church's youth activities, I agree to release and hold First Baptist Church, its pastors, other employees, and its youth leaders free, harmless, and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the child may suffer resulting from gross or willful negligence. The undersigned assumes the financial responsibility for any costs connected with such treatment and hereby releases First Baptist Church from any liability thereof.

Child's name: _____

Birthday: _____ Current grade: _____

Address: _____

Phone: _____ Email: _____

Primary Parent/Guardian Contact Information

Name: _____ Relation to child: _____

Phone: _____ (h) _____ (c) Text? ☐ Yes ☐ No

_____ (w) _____ (other)

Email: _____

Insurance Information

Primary Care Provider: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Emergency phone number: _____

Specific medical allergies, chronic illness, or other conditions: _____

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence and entrusting the overall care of my child with that of the volunteer and paid staff of the First Baptist Church youth ministry.

Parent/Guardian Signature

Please attempt to contact the following person if the parent/guardian is not available:

Name: _____

Relationship to child: _____

Phone: _____(h) _____(c)

_____ (w) _____ (other)

Multi-media permission

By signing below, I allow pictures and/or video of my child to be posted on the First Baptist Church website/social media, and/or used for promotional purposes at the discretion of the church and its staff. I also grant permission for my student to join the GroupMe chat (this is monitored by Pastor Luke and youth leaders)
