

Children & Preschool's Ministry Medical Permission Form

First Baptist Church
100 N. First Street Wylie, Texas 75098
(972) 442-2261

ALL ITEMS MUST BE COMPLETED

NAME: _____

ADDRESS: _____
Apt. # _____

City _____ State _____ Zip _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL _____ BIRTHDAY _____
(Month) (Date) (Year)

FATHER:(Name) _____
(Home #) _____
(Work #) _____
(Cell #) _____

FATHER'S HOME ADDRESS (if different from above): _____

FATHER'S E-MAIL: _____

MOTHER:(Name) _____
(Home #) _____
(Work #) _____
(Cell #) _____

MOTHER'S HOME ADDRESS (if different from above): _____

MOTHER'S E-MAIL: _____

MEDICAL INFORMATION

NAME OF YOUR PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

DATE OF LAST TETANUS SHOT: _____

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER
MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF: _____

PERMISSION FORM ON OTHER SIDE MUST BE COMPLETED FOR FORM TO BE VALID

**First Baptist Church of Wylie, Texas
100 North First Street
Wylie, Texas 75098**

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

I, _____
(Name of Parent or Guardian, please print)

of the city of _____, State of Texas,

hereby affirm that my child, _____
(Child's Name, please print)

will be participating in First Baptist Church Children and Preschool's Ministries, hereinafter referred to as "the Activity".

I certify that I am cognizant of the inherent dangers associated with participating in the Activity and with the fact that participating in the Activity may take place outside of, or off, Church premises.

I understand and agree that neither the First Baptist Church of Wylie, Texas, nor its officers, trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family. **AND RELEASE ALL STATED PARTIES FROM ANY & ALL CLAIMS PRESENT OR FUTURE.**

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release the First Baptist Church of Wylie, Texas, its officers, trustees, representatives, instructors, and agents for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless the First Baptist Church of Wylie, Texas, its officers, trustees, representatives, instructors, and agents from any claim by me, or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital: and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

SIGNATURE: _____
(Parent or Guardian)

Date: _____

ALL ITEMS MUST BE COMPLETED

**IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED --
PLEASE NOTIFY:**

1. (NAME) _____ (#) _____

2. (NAME) _____ (#) _____

NEAREST RELATIVE/GUARDIAN (NOT LIVING WITH YOU):

(NAME): _____ (Home #): _____

(Cell #): _____

(ADDRESS) _____ (Work #): _____