

MEDICAL RELEASE AND GENERAL PERMISSION

**First Baptist Church of DeRidder, LA**  
**Student Activities 2011 – 2012**

**Student:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Student Email (PLEASE PRINT) \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) School \_\_\_\_\_

**Parent:**

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email (PLEASE PRINT) \_\_\_\_\_

OTHER \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Name and Relationship)

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

I authorize a representative of First Baptist Church to seek and sign for treatment of (son/daughter) for any emergency medical treatment and/or diagnostic procedures by doctors and emergency room staff in treatment of patient.

Please list ANY/ALL medications, medical problems, conditions or allergies we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

My child has permission to attend and participate in activities sponsored by First Baptist Church, including travel to and from such activities by church vehicle or charter vehicle. I also give permission for my child to travel with an adult driver over the age of twenty-five years (25 years) in a personal vehicle when deemed appropriate by the leader of an activity.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

My son/daughter may be pictured individually or in a group in photos contained on the First Baptist Church website ([www.fbcderidder.org](http://www.fbcderidder.org)) and subsequent program for viewing and ministry promotional purposes only. They will not be shared or sold to any entity outside the membership of FBC. I recognize that my signature is authorization for photos of my child to be used.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_