

MEDICAL RELEASE AND GENERAL PERMISSION

First Baptist Church of DeRidder, LA

Student Activities 2023-2024

Student/Chaperone: (* not needed for Chaperone)

Name _____ Home Phone _____ Cell _____

Address _____ City _____ 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 _____

Contact 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 of which we need to be aware:

Signature of Parent or Guardian (Chaperone Signature) _____ 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.fbcderridder.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 _____