

**First Baptist Church of Punta Gorda
PERMISSION FORM**

_____ has my permission to participate in all youth group activities which are being sponsored by First Baptist Church, Punta Gorda, Florida for the dates indicated:

**The 2013 Calendar Year
(January 1, 2013 – December 31, 2013)**

I have read the WAIVER AND MEDICAL AUTHORIZATION on the reverse side of this form and I understand and agree to all of its terms.

****MEDICAL HISTORY/INFORMATION****

Check Or Fill In All Information That Applies:

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble ___ Diabetes
___ Dizziness ___ Stomach Upset ___ Hay Fever

Allergies:

Food _____

Penicillin or other drug name _____

Insect Sting/Bites _____

Poison sumac, oak, or ivy _____

Other:

**The above medical information, and any other medical information we need to be aware of, may be delivered to us in a "confidential" envelope.*

Name of Medical Insurance Co. _____

Policy Number _____

Participant's SS# _____

Family Physician _____ Phone # _____

Please inform us concerning medications, allergies, or other special needs. *(If more space is needed, please inform us on a separate sheet of paper signed and dated by parent/guardian.)*

In case of emergency, I can be reached at the following phone number:

Mother's Work # _____ Cell Phone # _____

Father's Work # _____ Father's Cell # _____

Home # _____ Next of Kin's # _____

Youth's Date of Birth: _____

Youth's e-mail address: _____

***I understand that good behavior is an important part of any successful outing. If the group leader deems my child's behavior inappropriate, I agree to take care of all expenses of my child's return home before the end of any church sponsored activity.

NOTIFY CHURCH OF ANY CHANGES
Sign on reverse side

WAIVER AND MEDICAL AUTHORIZATION FORM

RELEASE, WAIVER, AND INDEMNITY AGREEMENT IN REGARD TO PARTICIPATION BY MINORS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation by my minor son/daughter in any Church sponsored activity. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against First Baptist Church, Punta Gorda, Florida, the Pastors, the employees, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** First Baptist Church, its Pastors, employees, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in all Church sponsored activities. This release specifically covers and **releases** any and all claims against First Baptist Church, its Pastors, employees, and Church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** First Baptist Church, its Pastors, employees, and Church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in any Church sponsored activity, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.

4. I further authorize First Baptist Church, its Pastors, employees, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse First Baptist Church, for this medical care.

My signature below signifies that I have read, understand, and agree to the above terms.

Participant's Signature

Date

Parent or Legal Guardian

Date

NOTARY IDENTIFICATION STATEMENT

On this the _____ day of _____, 20____, personally appeared before me _____, personally known by me and in the presence the within and forgoing permission and release form. Witness my hand and official seal this _____ day of _____, 20____. My commission expires: _____.

Notary Seal