

**FIRST BAPTIST CHURCH OF ST. MARYS**  
**102 West Weed Street, St. Marys, GA 31558**  
**(912) 882-4250**

I/We consent for \_\_\_\_\_ to participate in **First Baptist Church St. Mary's Youth Activities** and agree to release and discharge the First Baptist Church of St. Marys, its officers, agents and employees, (all claims, and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity. I/We further give permission for necessary medical care to be given by a doctor, nurse or other medical personnel while under church supervision.

Date \_\_\_\_\_, 2020

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Home phone# \_\_\_\_\_

Work phone# \_\_\_\_\_

Alternative phone number where parent can be reached or other person or relative knowing whereabouts of parent (s): \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires:

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

Policy/ID/Group No. \_\_\_\_\_

Insured \_\_\_\_\_

Please list below ALL medical information a physician might need before medically treating your son/daughter (allergies, reaction to medicines, asthma, high blood pressure, diabetes, etc.) (IF NONE, PLEASE WRITE "**NONE**")

Please list below any medication your son/daughter will be taking during the activity.  
(IF NONE, PLEASE WRITE "**NONE**")

If your child should need medication for headache, sore muscles, etc., what would you like us to administer?

Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Other \_\_\_\_\_

**Please Note:** Send any medication needed while on trip or retreat, labeled with name, dosage and directions.

Family Physician: \_\_\_\_\_  
(Name, office #)

**IT IS THE RESPONSIBILITY OF PARENT/GUARDIAN TO INSURE THAT THEY CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY ON TRIPS AND EVENTS THAT YOUR STUDENT ATTENDS.**