

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 Children's 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 _____, 2021

(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): _____

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 YOURCHILD ATTENDS.