

# First Baptist Church Inverness Activity Permission Form

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ PARENT(S) WORK PHONE # \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S PHONE # \_\_\_\_\_

EXISTING MEDICAL PROBLEMS (Describe): \_\_\_\_\_

MEDICATIONS YOU ARE NOW TAKING: \_\_\_\_\_

WHAT MEDICINES ARE YOU ALLERGIC TO? \_\_\_\_\_

WHO TO CONTACT IN EMERGENCY:

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ WORK OR CELL # \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

If a medical emergency should arise during an activity or at an event sponsored by First Baptist Church of Inverness, FL. I hereby give the responsible party/parties and the physician and/or hospital selected, my permission to treat me (the party NAMED within).

I do hereby release and forever discharge First Baptist Church of Inverness, FL and other duly assigned responsible persons from any and all claims past, present and future, arising out of any damage or injury to me from the trips I take with First Baptist Church of Inverness, FL.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_ Stamp Below

Notary \_\_\_\_\_ Date \_\_\_\_\_

This form is good for all events for 1 year from the date signed and notarized.