



FBC Florence Permission Form
Office 601.845.2635/Fax 601.845.1686
P.O. Box 97 / 116 E. Main Street, Florence, MS 39073

As parent or guardian of the minor named below, I hereby authorize my child to participate in the following activity being conducted by the FBC Florence, MS Youth Ministry: _____ (ex: Student Life, Winter Xtreme, etc)
Date: _____

I hereby release and discharge First Baptist Church Florence, MS and their adult youth advisors and volunteers for any damage, losses, or injuries to person or property that may be sustained while participating in these activities.

I, the undersigned parent or legal guardian of the minor named below, authorize treatment and/or hospitalization that is necessary in the case of accident or illness of my child by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment.

In the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician or dentist selected by the church leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

PRINT NAME OF YOUTH _____

ADDRESS OF YOUTH _____

PRINT NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

TELEPHONE NUMBER(S) PARENT/GUARDIAN CAN BE REACHED: _____

HEALTH INFORMATION Any current health conditions we should be aware of? If yes, please explain.

Medications? _____

Allergies? _____

Health Insurance Company _____

Insurance group # and ID#. _____

Family Doctor & phone : _____