



First Baptist Church
Children in Action
Connie Chandler/Deb Lewellyn

I give permission for _____ to participate with the planned activities of First Baptist Church, which are designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning CiA activities and will take reasonable actions as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly manner and will cooperate/comply with decisions made by the adult chaperones.

Activity _____ Date _____ Time _____

I have read and understand the conditions described above and give permission for my child to participate in this CiA group activity.

I give my son/daughter _____ my permission to ride the church provided vehicles for CiA related activities. I, the undersigned, hereby authorize a representative of First Baptist Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable of necessary in the judgment of an emergency medical professional or attending physician.

Parent or Guardian (print)

Date

Home phone _____

Cell phone _____

Other phone _____

Signature _____

connecting deeper to Christ, to our families, and to our community