

**YOUTH ACTIVITY PERMISSION SLIP & RELEASE FORM – PAGE 1 of 2**

May the Lord keep us safe and healthy as we gather together to server and worship Him!

PARENTS/GUARDIANS: In order to make sure we are equipped, please list all pertinent health insurance contact information, allergies and medical conditions for your student.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
Student's Date of Birth \_\_\_\_\_  
Student's Address \_\_\_\_\_  
\_\_\_\_\_

Student's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Student's Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
If an incident were to occur in the Wake/Harnett/Johnson County area, what is the hospital you'd prefer?  
\_\_\_\_\_  
Student's Insurance Company \_\_\_\_\_  
Student's Insurance Policy Number \_\_\_\_\_

Student's Allergies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Student's Medical Conditions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YOUTH ACTIVITY PERMISSION SLIP & RELEASE FORM – PAGE 2 of 2

## PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

As the parent (or legal guardian) of \_\_\_\_\_  
(Student's Name)

I certify that I have been informed that, as a student of the youth group of Fellowship Baptist Church, Willow Spring, NC, my child will be participating in a number of activities which carry with them a certain degree of risk. These include any of the activities the youth group may offer.

I consent for my child (student) to participate in these activities. I also represent that my child is fit and able to participate safely in these activities.

I also give consent for my child's picture to be taken at youth group or on activities and posted on the church website or used in other areas of ministry.

## MEDICAL TREATMENT

It is my understanding that Fellowship Baptist Church will attempt to notify me in case of a medical emergency involving my child. If FBC cannot reach me, then I authorize FBC to hire a doctor or other health-care professional, and I give my permission to the doctor or health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I authorize my spouse ( \_\_\_\_\_ ) to communicate medical information to FBC as  
**Spouse's Name or N/A**  
he/she is also a Parent/Guardian of my child. Spouse's Relationship to Student \_\_\_\_\_

I will notify FBC if I feel there are any health considerations that would prevent my child's participation in any of the particular activities.

I will also give my child's youth leaders permission to restrict my child from participation in any activity which they have any questions about for health or other reason.

I will also notify FBC if my emergency contact information, my child's insurance information, or my child's medical conditions were to change from the time of this dated signature below.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Relationship to Student**

( \_\_\_\_\_ )  
**Parent/Guardian Emergency Phone Number  
(Home/Cell)**

( \_\_\_\_\_ )  
**Parent/Guardian Emergency Phone Number  
(Work)**