

First Baptist Church, Piedmont, SC  
Parent Permission and Medical Release Form  
June 1, 2021-June 1, 2022  
(PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

.....  
I give consent for \_\_\_\_\_ to attend activities with the Children's and/or Youth Ministry of First Baptist Church in Piedmont, SC. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the areas. I do hereby release, absolve, and hold harmless First Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to me or the above named participant arising out of the trip(s). In case of injury to the above named participant, I hereby waive all claims against the church, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting the above named participant to and from the trip(s) and activities.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

.....  
**To the attending physician or hospital:**

Permission is hereby granted for you at the discretion of Lori Shelton, Director of Youth and Children, to perform whatever care is necessary for the welfare of \_\_\_\_\_  
Until such time as you are able to reach me personally.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

.....  
**LIST ANY KNOWN ALLERGIES OR MEDICAL PROBLEMS THE ABOVE NAMED PARTICIPANT MAY HAVE. USE THE BACK OF THIS SHEET IF NECESSARY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE POLICY COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ NAME OF POLICY HOLDER \_\_\_\_\_