

# Faith Baptist Church Permission Form

I give permission for my child (Full Name) \_\_\_\_\_ to participate in \_\_\_\_\_ with the youth group from Faith Baptist Church and the leaders in charge. I understand that he or she can attend only if he or she is in good health. Below I have provided a list of physical restrictions, allergies, and any other situations that may affect his or her participation. If he or she is on any medication it must be turned in to the leader prior to departure and must have the medication label attached.

In case of emergency contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

- Leaders have my permission to take photographs during the event.
  
- Leaders have my permission to administer over the counter medications in the event of minor illness (Tums, Tylenol, Benedryl, etc.)

I hereby release Faith Baptist Church, Tim Harwell, and any other leader involved from liability for damage to or loss of personal property, loss of money, sickness or injury to person, of which Faith Baptist Church and its leaders are not negligent.

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Allergies and or Medical Restrictions:

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Items Needed: \_\_\_\_\_