

Faith Bible Church Youth Group Permission Form 2010-2011

This form will serve as your child's Permission Form for all C⁴-Youth Group activities unless otherwise indicated.

Faith Bible Church

26325 Three Notch Rd., Mechanicsville, MD 20659

www.faithbiblemd.org (301) 373-2273

This form must be completed and signed by an informed parent/guardian and submitted to Greg or Wendy Ryan, or Mike Havrilla. Please type or print clearly.

Contact Information

Name of Participant _____ **DOB** _____

Grade _____ **E-mail** _____

Cell Phone _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Name of Parent(s)/Guardian(s) _____

Email _____

Address _____

City _____ **State** _____ **Zip Code** _____

Mom Phone _____ **Work** _____ **Cell** _____

Dad Phone _____ **Work** _____ **Cell** _____

Name of Emergency Contact Person (not a Parent or Guardian)

Name _____ **Relationship** _____

Phone Numbers (1) _____ **(2)** _____

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Health Information

Physician _____ Phone _____

- Does your child have any **food or drug allergies**? If so, describe each and its severity, using the back of this page if necessary. _____

- Any **medications** to be taken while away from FBC? If so, for each medication state the name of the medicine, its dosage amount, and how often it is to be taken. _____

- Any **medical, emotional, or other conditions or situations** of which we should be aware?

- Date of most recent **tetanus shot** _____
- **Restrictions on activities** _____
- **Medical Insurance Company** _____
- **Name of Policy Holder** _____ **Policy#** _____
- **Should your child become ill, have a headache or toothache or other pain, develop congestion, a cold or a cough, or have other minor medical problems, do you give permission for the administration of non-prescription medication at the discretion of the C4 Youth Leaders?** Yes _____ No _____
- **If Ibuprofen or Tylenol needs to be administered, which do you prefer?**
Ibuprofen _____ **Tylenol** _____ **other (name)** _____

Photo Release

- I give permission to Faith Bible Church to use photographs of my child for “in house” purposes such as but not limited to announcements, flyers, presentations, etc.
Yes _____ No _____
- I give permission to Faith Bible Church to use photographs of my child in “public” venues, such as but not limited to local newspapers, posters, the internet, etc.
Yes _____ No _____

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Authorization by Parent(s) or Guardian(s)

I hereby grant permission for my child, _____, to be a member of the Faith Bible Church C⁴-Youth Group and to participate in its activities. I grant specific permission for my child to participate in any given event when my child actually does participate or demonstrates his intent to so participate.

This notice and my signature below will serve to release Faith Bible Church, its officers, and its employees and representatives from liability in case of accident or injury resulting from all causes in connection with such membership outings or other activities except for those involving gross negligence or intentional misconduct on the part of such officers, employees, or representatives.

In granting such permission and release, I grant permission for and specifically recognize that my child may be transported to events by private vehicles operated by volunteers not as agents, employees, or representatives. I hereby grant permission for my child to be transported to C⁴ events by such volunteers. I also recognize that from time to time, I may be called upon to provide transportation to certain events as a volunteer. In such regard, I release Faith Bible Church, its Youth Group, its officers, and its employees for any liability which may arise as a result of such transportation and activities whether or not these are organized by Faith Bible Church or its Youth Group.

Please note that Faith Bible Church does not allow anyone under the age of 21 to transport to its events any person other than his or her own immediate family members.

My child referenced above has my permission to engage in all prescribed activities except as noted above. This health history is correct as far as I am aware. I will inform the Youth Director if there should be any changes in medical status before the next youth group event. If I cannot be contacted in an emergency, I hereby authorize the physician selected by the Youth Director, his designees, FBC employees, representatives, and/or event personnel to hospitalize, secure proper treatment for, order injections, anesthesia, and/or surgery for my child named above. I understand that I will be contacted in such case as soon as reasonably possible.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____