

C4-Faith Bible Church Youth Group
Permission Form: July 1, 2024 through August 1, 2025

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 Road, Mechanicsville, MD 20659
www.faithbiblemd.org (301) 373-2273

This form must be completed and signed by an informed parent/guardian and submitted to Hannah McDonough. Please **type or print** clearly.

CONTACT INFORMATION

Name of Participant _____ **DOB** _____

Grade _____ **Email** _____

Home Phone _____ **Cell** _____

Address _____

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

Name of Parent/Guardian(s) _____

Email(s) _____

Address (if different) _____

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

Mom's Phone _____ **Work** _____ **Cell** _____

Dad's Phone _____ **Work** _____ **Cell** _____

Name of Emergency Contact Person _____

(not a parent or guardian)

Relationship _____ **Phone (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.
Attach any other pages if necessary. _____

* List any **medications to be taken while away from FBC**. Please state the name of each
medicine, its dosage amount, and how often it is to be taken. _____

* Are there any **medical, emotional, or other conditions or situations** of which we should
be aware? _____

* Date of most recent **tetanus shot** _____

* **Restrictions on activities** _____

* **Name of Medical Insurance Company** _____

Name of Policy Holder _____ Policy# _____

* Should your child become **ill; report a headache, toothache, or other pain; develop
congestion, a cold, or a cough; or have some other minor medical issue; do you give
permission for the administration of non-prescription medication at the discretion of
the C⁴-Youth Leaders?** YES _____ NO _____

* If **Tylenol or Ibuprofen** needs to be administered, **which do you prefer?** (check one)
Tylenol _____ **Ibuprofen** _____ **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, promotional videos, 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 church's website, 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 an intention to so participate.

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

In granting such permission and release, I grant permission for and specifically recognize that my child may be transported to events in private vehicles operated by volunteers who are not agents, employees, or representatives. I hereby grant permission for my child to be transported to C⁴ events by such volunteers. I also recognized 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, its employees, and its representatives from any liability which may arise as a result of such transportation and activities 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/her own immediate family members.

My child, referenced above, has my permission to engage in all prescribed activities except as noted above. The health history provided is accurate and correct as far as I am aware. I will inform the Youth Group Director should there be any changes in medical status before the next youth 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; and/or order injections, anesthesia, and/or surgery for my child named above. I understand that I will be contacted in such a case as soon as reasonably possible.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____