



PERMISSION RELEASE FORM

First Baptist Church, PO Box 1080, Bartlesville, OK 74005

Authorization to participate in events from

August 2020 – August 2021

sponsored by First Baptist Church of Bartlesville, Oklahoma

PLEASE PRINT LEGIBLY

T-Shirt Size: _____

NAME: _____ D.O.B (m/d/y) _____

CURRENT GRADE: _____ ATTENDS (school) _____ HOME PHONE: _____

HOME ADDRESS: _____ CITY/ST/ZIP _____

STUDENT'S EMAIL: _____ STUDENT'S CELL PHONE: _____

MOTHER'S/GUARDIAN NAME: _____ CELL PHONE _____

WORK PHONE: _____ EMAIL: _____

FATHER'S/GUARDIAN NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

PHOTOGRAPH CONSENT AND RELEASE

Permission granted to allow us to photograph your child _____ YES _____ NO *Parental initial* _____

Permission to use your child's photograph in church publications _____ YES _____ NO *Parental initial* _____

I give permission for my child to be given the following medication if the sponsor considers there is a need:

MARK THROUGH ANY MEDICATION YOUR CHILD MAY NOT RECEIVE

Tylenol/Acetaminophen	Advil/Ibuprofen	Mylanta/Antacid	Benadryl/Allergy Medicine
Imodium A-D/diarrhea medicine	Dramamine	Murine/Other eye drops	Cold Medicine

Medication currently taking: _____

Medication allergic to: _____ Food Allergies: _____

Date of last Tetanus Immunization: _____

ATTACH COPY (FRONT & BACK) of INSURANCE CARD

Insurance Carrier: _____ Grp # _____ Policy # _____

In an emergency, if parent or guardian cannot be reached, please provide a secondary emergency contact:

Name _____ Relationship _____

Home phone _____ Cell phone _____

In case of EMERGENCY: I give the individual in charge permission to have my child receive medical treatment in the case of injury. I will not hold the individual in charge, the attending physician or First Baptist Church, Bartlesville, OK responsible.

Parent/Guardian's Signature _____ **Date** _____