



First Baptist Church

301 S Jefferson, Robinson IL 62454 618-544-3214

www.fbcrobinson.com fbcrobil@frontier.com

Youth Participation & Medical Authorization

This form is good for 12 months

Student Information

Name _____

Address _____ City _____ State _____ Zip _____

Student Cell # _____ Student email _____

Name of Parent/or guardian

Parent name _____ phone # _____ Text ___ yes ___ no

email _____ address _____

Parent name _____ phone # _____ Text ___ yes ___ no

email _____ address _____

Please attempt to contact the following person if the parent/guardian is not available

Name _____ Relationship to student _____ Phone _____

Allergies _____

Medical Conditions _____

Student Agreement & Personal Information

I understand that I represent First Baptist Church, and participation in church activities is voluntary. I promise I will conduct myself as a responsible person at all times. I will conduct myself in a manner that brings glory to our Lord. I will respect fellow students, staff and adults. I will respect and comply with event schedules and rules. I will respect property. I will not have or use alcohol, drugs, tobacco or vaping. I be verbally and physical supportive. I will dress in modest clothing. I understand that If I do not abide by the rules, my parents will be notified and I may be asked to leave the church activity and/or depart from the premises of First Baptist Church.

Signed by Student _____ Date _____

Parent Permission

I give permission for my son/daughter to participate in any and all of First Baptist Church's youth activities on-sight or off-sight. I understand that for off-sight events he/she will be leaving from First Baptist Church and riding in a vehicle driven by one of First Baptist Church members.

Signed by Parent _____ Date _____

Media Release

_____ I give permission for pictures and/or video of my child to be posted on the First Baptist Church website or social media and/or used for promotional purposes at the discretion of the church and its staff.

Student Drivers

We understand that the church may not provide transportation to all events, and activities and

_____ permit or _____ do not permit my child to drive his/her vehicle in such a case.

Emergency Treatment Permission

All blanks on this page must be filled in.

Name _____ *Last* _____ *First* _____ Middle _____

Birth date _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Parent Cell: _____

Place of Employment _____ Work phone# _____

Parent 2 Name _____ Parent Cell: _____

Place of Employment _____ Work phone# _____

Family physician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

Insurance company _____

Policy holder name _____ Policy # _____ Group _____

Allergies _____

Medical Conditions _____

Authorization for Treatment

In the event of a medical emergency where I can't be reached, my signature below gives the leaders of First Baptist Church permission to consult an available physician, and the physician permission to treat my child as needed. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed below. I will assume the financial responsibility for treatment. As the parent/guardian of the above-named child, I promise to hold First Baptist Church and its youth ministry blameless for any liabilities that may incur in connection with the event.

Signature of Parent/Guardian _____ Date _____

OTC (Over-The-Counter) Medicine

I/We give permission for the dispensing of the following over-the-counter medicines if needed.

Note: A temperature of 100+ will result in an call to parent/guardian to pick up student.

___ Acetaminophen (Tylenol) ___ Ibuprofen (Advil, Motrin) ___ Antibiotic cream/gel (Neosporin)

___ Antacid tablets ___ Benadryl ___ Other _____