



First Baptist Church

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Youth Participation & Medical Authorization

This form is good for 12 months

Student Information

Name _____

Address _____ City _____ State _____ Zip _____

Student Cell # _____ Student email _____

Birthdate _____ Male _____ Female _____ Grade _____

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 _____

Emergency Treatment Permission

Insurance company _____

Policy holder name _____ Policy # _____ Group _____

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 a call to parent/guardian to pick up student.

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

Antacid tablets Benadryl Other _____

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.