

# First Baptist Church, St. Simons Island

General Activity, Permission and Emergency Contact Form

Youth Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Mother's (or Guardian) Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email 1. \_\_\_\_\_ 2. \_\_\_\_\_

Father's (or Guardian) Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email 1. \_\_\_\_\_ 2. \_\_\_\_\_

Persons to call if parent(s) cannot be reached

1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to Youth 1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone 1. (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

Phone 2. (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

## YOUTH'S HEALTH INFORMATION

Medical conditions or concerns \_\_\_\_\_

Allergies: food/medicines/etc. \_\_\_\_\_

Medications Currently Taken \_\_\_\_\_ Purpose \_\_\_\_\_

Medications Currently Taken \_\_\_\_\_ Purpose \_\_\_\_\_

Youth May Handle Own Medication \_\_\_\_\_ Prefer Adult to Hold \_\_\_\_\_

Please specify any known medical facilities that would NOT be preferable should the need for medical care arise (Note: in the event of a true emergency, the youth's health will supersede preference) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Insurance Co. Phone (\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Specialist Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I Do \_\_\_\_\_, I Do Not \_\_\_\_\_ grant permission to the adult in charge to provide over the counter medication such as Tylenol/Advil/Tums/etc. should my youth have such a need.

**Please read next page and sign:**

**PERMISSION / EMERGENCY CARE AUTHORIZATION / LIABILITY RELEASE & YOUTH AGREEMENT**

**First Baptist Church, St. Simons Island**

## Permission, Emergency Care Authorization, Liability Release & Youth Agreement

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, ("daughter/son"), in consideration of the First Baptist Church St. Simons Island (the "Church") allowing the use of the facilities of the Church and/or providing adult chaperon(s) for events or activities in which my child will participate or attend, hereby grant permission for my daughter/son to participate in events or activities sponsored by the Church and/or events or activities sanctioned by the Church (collectively "events or activities").

In the event that an emergency should arise while my daughter/son is participating in any of the aforementioned events or activities sponsored by First Baptist Church St. Simons Island, I hereby grant my permission to the adult(s)/chaperones in charge to take whatever steps they deem necessary to provide for and insure the safety and wellbeing of my daughter/son, including but not limited to contacting professional medical care provider(s) for the purpose of obtaining medical care for my daughter/son.

I understand every effort will be made to contact me; **however**, if that is unsuccessful, I authorize whatever medical care said adult(s) and/or medical professional(s) deem necessary; said permission, I hereby grant in advance. I agree to assume responsibility for all medical expenses.

I understand that First Baptist Church St. Simons Island, its staff, or volunteers assume no legal liability for the welfare of my daughter/son, and I hereby release them of such liability. I hereby release the Church from all liability incurred by, or which may be asserted against, the Church on account of any injury sustained by my daughter/son, including any injury or claim arising from the negligence or the alleged negligence of the Church.

Further, I agree to indemnify and to hold harmless the Church for all claims asserted against the Church arising from injury alleged to be sustained by my daughter/son while participating in events or activities for which my daughter/son has been allowed, and for all fees or other expenses incurred by the Church in defending or settling any such claim.

I also release from liability and agree to indemnify and hold harmless, all as stated above, including for any claim of negligence, employees, ministerial staff, members, trustees and boards and committees of the Church, in addition to the Church. I understand that the Church is relying upon this release and agreement to indemnify in allowing my daughter/son to use the facilities of the Church and participate in events or activities. I also understand and agree that this release and agreement to indemnify will be applied and interpreted using the law of the state of Georgia. I agree that this consent, release and agreement shall remain in effect for the entire calendar year of 2009. I agree to contact the Church if any of this information requires updating. This consent may be photocopied, with photocopies authorized to be equally valid as the original. I understand that these forms may be copied and provided to the adult in charge for each event or activity.

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Date Signed

Parent or Legal Guardian Signature

**Youth Agreement:** I wish to participate in the First Baptist Church St. Simons Island's youth group activities. As a participant, I agree to follow the rules of the youth group, the decisions of the staff and adult volunteers and will do my best to contribute to the positive spirit of the youth community at First Baptist Church St. Simons Island.

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Date Signed

Youth Signature