



FIRST BAPTIST CHURCH – IRVINE / TUSTIN ANNUAL PERMISSION SLIP

This form is for student and parent contact information, medical information and medical care release, and is required to attend youth events. Please include a photocopy (front and back) of your student's insurance card with this form.

Instead of filling out individual forms for every program, activity, or outing, I/We acknowledge that we are filling out this form to be authoritative and in full effect for one full year, from January 1 through December 31, 2010.

Information About Student:

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____ Email: _____

School Grade as of January 1, 2010: _____

Birth date: _____ Age: _____ Gender: () M () F

Currently lives with: Both Parents () Mother () Father () Legal Guardian ()

Father's Name: _____

Phone Number: _____ Cell: _____

Mother's Name: _____

Phone Number: _____ Cell: _____

Person to Contact in the Event of an Emergency:

Name: _____ Cell Phone: _____

Medical Information:

Insurance Company: _____ Policy/Group #: _____

Insurance Phone Number: _____ Subscriber #: _____

Date of Last Tetanus shot: _____

Does your child have penicillin or other drug allergies/reactions? Yes () No ()

If yes, please explain: _____

Any special medication/prescription(s) or diet which is to be continued? (Including asthma) Yes () No ()

If yes give complete instructions: _____

Has your child been exposed to any disease with the last month? Yes () No ()

If so, please explain: _____

Allergies? () No () Yes Please explain: _____

Is your child to be restricted in any way from strenuous games? Yes () No ()

Explain _____

Please provide any additional medical information you feel is pertinent to your child:

Permission Slip:

(I) (We) (Parents) (Legal Guardians) of _____ (name of student) do hereby give permission for (my) (our) child to participate in children and/or youth activities, including trips, outings, regular and special events, including such that require travel, and do hereby release, indemnify and hold forever harmless First Baptist Church of Irvine/Tustin, California, and any paid and or volunteer representative of the Church, or their assigns, against loss from any and all claims, demands or actions in law ore in equity that may hereafter be made or brought by the said minor child or by anyone on behalf of said minor child for the purpose of enforcing a claim for damages on account of any injury, accident, or fatality incurred in consequence of any injury, accident or incident that may be sustained by said minor child en route to, during, or en route from any church-related activity which my child participates in.

I have read and understood this agreement.

Parent/Legal Guardian (Print) _____ Date _____

(Sign) _____

Parent/Legal Guardian (Print) _____ Date _____

(Sign) _____

Medical Care Release:

(I) (We) (Parents) (Legal Guardian) of _____ (name of student) do hereby authorize any paid or volunteer supervisory adult member of First Baptist Church of Irvine/Tustin, California as agents for the above minor child to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization will be effective up to and including December 31, 2010, unless sooner revoked in writing to said agent(s).

Parent/Legal Guardian (Print) _____ Date _____

(Sign) _____

Parent/Legal Guardian (Print) _____ Date _____

(Sign) _____