

Parent Activity Release Form

Name _____

Home address _____ Home Phone () _____

Nearest relative to contact in case of an emergency

Name _____

Relationship _____

Address _____

Phone _____ Alt Phone _____

Your doctor _____ Phone _____

Medical Insurance Company _____

Policy # _____

Permission Agreement

(Must be completed if person is under 18)

I hereby give permission for my child, _____, to participate
in the following activity with First Baptist Church of Fairfield _____
_____ on _____.

I hereby certify that my child is physically able to engage in and participate in the activities
planned. Also I hereby grant to the leaders of the group the right to order necessary emergency
medical care in case of accident or injury to my child.

Signature of parent or guardian _____ Date _____

First Baptist Church
P.O. Box 446 Fairfield, TX 75840