

**First Baptist Church of Goldsboro, NC**  
**Youth Ministry Permission Form**  
**\*Valid from March 1, 2006 through February 28, 2007 \***

Name of Youth: \_\_\_\_\_ Birthday (m/d/y): \_\_\_\_\_  
Address: \_\_\_\_\_ zip \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian), give permission for my son/daughter (name of participant) \_\_\_\_\_ to participate in events/trips conducted by the Youth Ministry of First Baptist Church of Goldsboro, North Carolina. These include both one day and overnight trips/activities scheduled between the above noted dates. Should emergency medical treatment be necessary, I authorize the Associate Pastor of Education and Youth or persons in charge to act upon my behalf and approve appropriate treatment including examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by the medical staff of the hospital or physicians office. I agree to be solely responsible for the cost of such treatment.

I, the parent or legal guardian of \_\_\_\_\_, agree that my child attends these activities at his/her own risk and that I will save harmless First Baptist Church, its staff and volunteers from liability for injury that may occur to my child.

I understand it is my responsibility as parent/guardian to notify First Baptist Church of any changes in my child's medical or contact information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parents will be notified immediately in the case of serious illness or accident. Please list home/business/cell phone numbers where you may be reached.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication(s) your child is allergic to and any medication(s) he/she is presently using on a regular basis. Please indicate the frequency of medication dosages.

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Claims Phone #: \_\_\_\_\_  
Policy Number/Group: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_  
Date of last Tetanus immunization: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

---

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Signature of Notary: \_\_\_\_\_  
My commission expires: \_\_\_\_\_