

Student Ministries Event  
**Permission and Medical Release Form**  
First Baptist Church, Grass Valley

P.O. Box 622, 1866 Ridge Rd., Grass Valley, CA 95945 (530) 273-7301

This is to certify that \_\_\_\_\_, has my permission to be involved in the Student Ministries Program events of First Baptist Church in Grass Valley, California. This form and my consent are valid from **November 1, 2016 to November 1, 2017**, with the understanding that any activity will be supervised and all due care for health and safety will be taken. I acknowledge that neither First Baptist Church, nor any of its sponsor/leaders are to be held responsible for any accident or illness that may occur.

I authorize and direct the adult leader of any event to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedures in the event of an accident or illness. I also will assume all legal and financial responsibilities for such care. I understand that every effort will be made to contact the parent or legal guardian at the address and phone number listed below in case of any emergency.

Parent's name \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State & Zip)

Relationship to youth \_\_\_\_\_ Youth's date of birth \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions (medical issues, special diet, medication, allergies, etc.)

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