

First Baptist Church
700 N. Citrus Avenue, Crystal River, FL 34428
Phone 352-795-3367 (Fax) 352-795-3714

Trip Permission Slip and Medical Release Form for Minors

Parent/Guardian Statement: I give permission for my son/daughter, _____, to go on a trip to _____ with members of First Baptist Church of Crystal River on _____ and will return on _____.

I understand that my child will be chaperoned by adults and in case of accident or injury, or at the request of my child, I will be notified as soon as possible. I authorize the adults in charge to consent to medical treatment when I cannot be contacted. I understand that every effort will be made to contact me before medical treatment is given. I assume financial responsibility for emergency care if such care is not covered by the church insurance. In the event of accident or injury, I will not hold First Baptist Church or any member liable for injuries, accidents or illness that could result even in death.

Print Name and Relationship to Child: _____

Parent/Guardian Signature: _____ **Witness:** _____

Phone: _____

Address: _____

Emergency Contact Information:

Parent/Guardian to Contact: _____

Phone numbers to call:

1) _____ 2) _____ 3) _____

By signing, I state that all the information is correct and recognize this to be a legally binding document. Please turn over and write any information on the back side of this form that a doctor/hospital or chaperone(s) needs to know about your child.

NOTORIZED

_____ personally appeared before me this _____ day of _____, 20____ who is/are personally known to me ____ or produced _____ as identification.

Signature of Notary

Important: Complete Insurance/Medical Info. on back.

Name of Child: _____

Physician: _____ Phone #: _____

Medical/Insurance Information: _____

Group #: _____ Phone #: _____

Information to know (allergies, disorders, disease, etc.):
