

**PERMISSION FORM 2019-2020**

**First Baptist Church, Tulia TX – Student Ministry**

**Youth Pastor - James Holder**

***Student’s Information:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

***Health Insurance Information:***

Student’s Health Insurance Carrier: \_\_\_\_\_  
Name on Policy: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Special Medical Instructions: \_\_\_\_\_

*(If necessary, please attach additional pages)*

***Parent / Guardian Consent:***

\_\_\_\_\_ (Student’s Name) has the permission of the undersigned to participate in activities and events being organized and/or sponsored by First Baptist Church –Tulia (FBC). Further, I hereby give permission for the student to be transported in a private vehicle which may be driven by someone other than his/her own parent or guardian and for photos and/or video to be taken of the student to be used by FBC. This form is effective from September 1, 2019 through September 1, 2020. In the event of an emergency affecting the health or welfare of the student, I hereby authorize the sponsors, leaders or adult chaperones accompanying the student at the activity or event to administer first aid and/or transport my child to the nearest doctor or hospital for further medical attention, as deemed necessary by a licensed physician. In addition, I agree to hold FBC, its agents and employees, harmless of any claims, demands or suits for damages which may arise from any action taken in response to said emergency. I also acknowledge that I will be ultimately responsible for any medical expenses incurred by the student.

Parent/Guardian Signature: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Mother’s Name: \_\_\_\_\_  
Father’s Cell: \_\_\_\_\_ Mother’s Cell: \_\_\_\_\_  
Father’s Email: \_\_\_\_\_ Mother’s Email: \_\_\_\_\_

***Emergency Contact:***

In the event that I/We can’t be reached, an emergency call may be made to the following person:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_