



## First Baptist Church of Golden

### ANNUAL PERMISSION SLIP & CONSENT FORM

Parents: Please complete this permission slip in order for your child to be involved in church activities in and away from the church facility. You must fill out a slip for each child involved in activities. Please print all information.

We give permission for our child, \_\_\_\_\_, to be involved in the activities of the following ministries of First Baptist Church of Golden, including activities away from the church facilities. This permission is valid **Sept. 1, 2011 through Sept. 1, 2012**

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Emergency Phone \_\_\_\_\_

Allergies & Chronic Conditions: \_\_\_\_\_

Family Physician & Phone Number: \_\_\_\_\_

Insurance Information & Policy Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Elementary \_\_\_\_\_ Middle School and High School \_\_\_\_\_ (Check ministries your child is involved in.)

Awana (PK – 6th Grade)

Sunday School

Kid Zone (2 year olds – 5th Grade)

Junior-Senior High Youth Groups

- We give this permission with the understanding that we will receive prior notification of specific activities so that we can decide our child's involvement; and with the understanding that adequate adult supervision will be provided for such activities. We understand that leaders will attempt to contact parents in an emergency situation.
- We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons or otherwise, we agree to assume all transportation costs.
- We give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church of Golden.
- We agree to avoid our child's involvement when he/she is suffering from an infectious disease, to limit our child's involvement to activities which are not threatening to any chronic disease our child might have (asthma, diabetes, heart condition, etc.), and to notify adult leaders of prescription medications our child needs during extended activities.

Signature of Parent or Guardian \_\_\_\_\_