

Make sure you are in the presence of a Notary Public before completing this page!

Please list below any past or present medical concerns or restrictions, allergies (food, insect bites, etc.), dietary restrictions, current medications regularly taken, or any other important information that you feel we must know, along with medications or treatments needed for these concerns.

Permission for Emergency Medical/Dental Care and Liability Release

Parents or guardians of students under 18 years of age MUST sign the following statement to allow possible emergency medical or dental treatment and to release First Baptist Church of Ocala from liability while the student is attending the event and/or function.

"I/We hereby authorize an emergency service agency and physician or dentist to administer whatever medical care in their professional opinion is necessary for any minor child who is attending the event/function associated with First Baptist Church of Ocala. I/We understand that First Baptist Church, Ocala carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization coverage available to my family will provide coverage and the ministries medical and hospitalization coverage may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I/We further agree to indemnify, hold harmless, release and forever discharge First Baptist Church of Ocala and/or its adult chaperones from any claims which I or my heirs or any other persons acting on my behalf have or may have against First Baptist Church by reason of accident, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of minor child named below in the event/function. This authorization is good while the child is attending the event/function or until revoked by me, in writing."

Minor Child's/Children's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Permission to participate in trips/activities/events/functions

Parents or Guardians of child/children under 18 years of age MUST sign the following statement to allow the child/children to participate in trip/activity/event/function while with First Baptist Church of Ocala.

"I/We understand that chaperones accompany child/children on all trips/activities/events/functions but may not always be able to personally and individually supervise my child/children. My child/children will be allowed to attend and participate in trips/activities/events/functions organized by First Baptist Church of Ocala.

Furthermore, I/We understand that my child/children will be expected to abide by conduct rules and dress codes that have been set up by the event's sponsoring ministry of First Baptist Church of Ocala. I give permission for the adult leaders to discipline my child/children in the manner in which they see fit. Should occasion arise and should it become necessary for my child to return early from this trip, I agree to meet any necessary expenses. This authorization is valid while the child/children are involved in said trip/activity/event/function with First Baptist Church of Ocala or until revoked by me, in writing."

By signing this form you are giving FBC Ocala and/or the supervising ministry leaders to take and use your student's photo in future FBC Ocala publications, on our church website, and in future advertisements.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

