

First Baptist Church
Permission to Participate/Transport &
Medical Release Form

This form expires one year from date of signature.
*Applicable for children under 18 years of age

Ministry/Activity: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ Birth Date: _____

Home/Cell Phone: _____

Parent/Guardian Relationship Phone

Emergency Contact #1 Relationship Phone

Emergency Contact #2 Relationship Phone

I authorize First Baptist Church of Mt. Pleasant, Mich., to transport my child to and from church activities.

Parent/Guardian Signature Date

Please complete the rest of the form on the reverse side.

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I authorize First Baptist Church of Mt. Pleasant, Mich., to transport my child to and from church activities.

Parent/Guardian Signature Date

Please complete the rest of the form on the reverse side.

Please list any relevant medical information about your child including known allergens and pre-existing conditions:

I, parent/guardian of the above named child, consent to my Child participating in the (activity name) organized by First Baptist Church of Mt. Pleasant, MI.

I agree that my Child's participation in the Church activity is purely voluntary.

I agree not to hold the Church liable or responsible for any loss or injury sustained by my Child arising in connection with his/her participation in the Church Activity.

By checking this box I confirm that I have read and understand the above information and have filled it out in truth to the best of my ability. I release First Baptist church from any and all liability.

Parent/Guardian Signature

Date

*Failure to completely fill out this form will prevent your child from participating in this activity

** Please contact the church at 989-775-5578 or info@firstbaptist.co if you have any questions or concerns. A copy of this form can be sent to you upon request.



1802 East High Street
Mount Pleasant, MI 48858
989-775-5578
info@firstbaptist.co

Please list any relevant medical information about your child including known allergens and pre-existing conditions:

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