

FIRST BAPTIST CHURCH OF BOURBON, MO
CHILDREN'S ACTIVITY CONSENT FORM

Name of child _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Mobile telephone _____

Other person and/or number to call in emergency

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication?

Yes _____ No _____ If yes, please explain.

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____ If yes, please explain. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following activity conducted by First Baptist Church of Bourbon, Missouri: Parents Time Out (Child Playtime and/or Child Babysitting)

I certify that my child is physically fit and adequately prepared to participate in this event.

Signature of Parent or Guardian

Date

First Baptist Church, 355 Walnut Street, Bourbon, MO 65441
Medical Permission and Release Form

This Form Is Valid For All Church-Sponsored Youth Activities

Name: _____ Age: _____

SS#: _____ DOB: _____ Phone: _____

Address: _____ State: _____ Zip: _____

In Case of an Emergency Notify: _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Company: _____ Policy #: _____

Immunizations: ☐ Tetanus ☐ Polio Booster ☐ Measles ☐ Mumps ☐ Other

Past Medical History: (Check giving appropriate information)

☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney Trouble ☐ Heart Trouble ☐ Diabetes

☐ Dizziness ☐ Hay Fever ☐ Stomach Upset ☐ Other

Allergies: _____

Food(s): _____

Penicillin or Other Drug(s) (Name): _____

Insect Stings/Bites: _____

Poison Sumac, Ivy, or Oak: _____

Previous Operations or Serious Illness: _____

Any Current Medication(s) List: _____

Special Diet (Name): _____

Childhood Diseases: ☐ Chickenpox ☐ Measles ☐ Mumps ☐ Whooping Cough

☐ Other

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: Paul Dunn (Pastor), or another adult chaperone designated by the pastor. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that First Baptist Church of Bourbon, MO will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the First Baptist Church of Bourbon, MO from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Signature: _____ Date: _____

Relationship: _____

FBC MINISTRY

Since FBC is a ministry committed to sharing the Gospel, 10 minutes of playtime will be designated as a time to discuss a Bible story, Bible character, or Biblical event. While we understand each family may have different beliefs or practices, we are committed to sharing our beliefs with those we come into contact with. During these 10 minutes, we will discuss only those things contained in the Holy Bible and are happy to show parents the scriptures used to verify the information we provide.

Parent's Signature: _____

Signature Date: _____