

ALL information must be completed. Have documentation notarized after completion (do not sign until in the presence of a notary). To maintain privacy, this form will be kept locked up and will need to be resubmitted each year. Soon after the expiration date, our old records will be destroyed.

From January 1,  
2015

First Baptist Church Senoia  
41 Johnson Street Senoia, GA 30276  
Phone (770) 599-3012 Fax (770) 599-1528

To February 15,  
2016

**PRINT NEATLY PERMISSION FORM FOR First Baptist Church Senoia Events, Activities, and Trips**

**PARTICIPANT**

\_\_\_\_\_, may take part in events, activities, and trips under appropriate supervision of a representative of First Baptist Church. They may appear in photos (Y/N) or videos (Y/N) for FBCSenoia use.

\_\_\_\_\_  
PRINT (Parent or Legal Guardian or Adult Participant Name) (Cell Phone or primary phone) Texting (Y/N) \_\_\_\_\_ (Y/N)  
(Secondary phone – home/work/cell) Texting

\_\_\_\_\_  
PRINT (Parent or Legal Guardian Name) (Cell Phone or primary phone) Texting (Y/N) \_\_\_\_\_ (Y/N)  
(Secondary phone – home/work/cell) Texting

\_\_\_\_\_  
PRINT (Primary HOME Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_  
PRINT (Parent, Guardian, Adult Participant EMAIL address) \_\_\_\_\_ (Student Cell Phone) \_\_\_\_\_ (Y/N)  
Texting

**MEDICAL HISTORY FOR PARTICIPANT (adult chaperones and participants please also fill out this section)**

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

List of current medications and dosages (if none, write none): \_\_\_\_\_

Allergies (if none, write none): \_\_\_\_\_

Physical restrictions and/or recent surgeries (if none, write none): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

(Name and relationship to participant)

**INSURANCE INFORMATION \*\*Attach a copy of insurance card (FRONT and BACK) for treatment \*\***

Insurance Company: \_\_\_\_\_ Employer or Provider \_\_\_\_\_

Policy and Group Numbers: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY**

I hold harmless the First Baptist Church of Senoia and its representatives from any adverse reaction or results to the participant as a result of participation in events, activities, or trips. I understand that in the event the participant requires medical treatment while engaged in events, activities, and trips with the First Baptist Church of Senoia, reasonable effort will be made to contact me. If I cannot be reached or at discretion of the ministry representative, I grant permission to the ministry representative acting on behalf of the ministry as agent for me, to obtain all necessary medical attention in case of sickness or injury to my child. I realize this release form is valid until February 15, 2016 and understand **if there are any changes in the medical information listed above, I am responsible for contacting the church office, providing correct medical documentation necessary, and filling out an updated participant form.**

**NOTARY ACKNOWLEDGEMENT**

STATE of Georgia, COUNTY of Coweta, on this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

Before me personally appeared \_\_\_\_\_,  
 who is personally known to me or  who has produced driver's license # \_\_\_\_\_  
as identification, and who ( did /  did not) take an oath.

\_\_\_\_\_  
Adult Participant / Parent or Guardian

\_\_\_\_\_  
NOTARY PUBLIC