

# First Baptist Church Wauchula

1570 West Main  
Wauchula, FL 33873  
(863) 773-4182

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Alternate person(s) to contact in case of emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

List any medications (s) that your child is now taking or takes regularly or can take:

\_\_\_\_\_

Other medical information we should know (allergies, etc.): \_\_\_\_\_

**Note:** Before a doctor can treat a person less than eighteen years of age, he/she must have the parent's consent. Therefore we need the parent's signature on this form so that in case of an emergency we can take your child to a doctor if immediate attention is needed.

"In the event that my child needs a physician's care, I consent that a doctor chosen by the authorized adult leaders of First Baptist Church, Wauchula has the freedom to treat and administer aid to my child and I further authorize the adult leaders to seek medical attention for my child in the event it becomes necessary."

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Insurance Information:

Insuring Company or Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

My (Son/Daughter) \_\_\_\_\_, has my permission to travel with the First Baptist Church of Wauchula, FL on any occasion to any church authorized activity.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RELEASE FROM LIABILITY**

In the event that (child's name here) \_\_\_\_\_ becomes ill and/or sustains an injury while attending any function or trip sponsored by FIRST BAPTIST CHURCH OF WAUCHULA, FLORIDA, I, the undersigned parent/guardian, understand and agree that this signed form releases the sponsors, chaperones, First Baptist Church of Wauchula, Florida, its ministers, staff and employees of any and all liability (including acts of negligence).

I understand this document remains in effect until a written retraction is made. I furthermore understand and agree that a copy of this form is as valid as an original.

SIGNATURE OF CONSENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**(This form must be signed by a parent or legal guardian in the presence of a Notary.)**

.....  
**(To be completed by a Notary)**

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who \_\_\_\_\_ is personally known to me, or \_\_\_\_\_ produced \_\_\_\_\_ as identification and did take an oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Expiration