

**First Baptist Church of Callahan**  
**Activity Consent, Liability and Medical Release for**  
*Place Name of Event here at Place Of Event Here on*

Participant: \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Current Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Address: \_\_\_\_\_

List any current medications: \_\_\_\_\_

Those taking medications *should bring explanation sheet for dosage and time of treatment plus enough medication for entire trip in case of delay.* Also needs to be turned in to trip leader during trip.

List any allergies and type of reaction: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

*Copy of insurance card MUST be attached to this consent form*

**Consent and Release**

***As Parent/Guardian of Participant, I:***

1. Agree to hold First Baptist Church of Callahan, it's officers, directors, agents, and volunteers, harmless and free from liability of any nature which arises from Participant's participation in this activity.
2. Agree to be responsible for any expenses caused or incurred by Participant.
3. Agree to pay for Participant's transportation home in the event disciplinary action, as determined by the church employee or volunteer responsible for discipline, is imposed on Participant.
4. Consent to the administration of first aid or medical treatment necessitated by illness or injury suffered by Participant.
5. Acknowledge and affirm that I have right to execute or sign this consent and release.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signed this day \_\_\_ of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

*(Signature of Guardian)*

State of Florida: County of Nassau

Before me this day personally appeared \_\_\_\_\_ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that \_\_\_\_\_ executed said Instrument for the purposed therein expressed .

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ A.D.

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