

Permission Form

Print This Form

Complete and Submit the Form to the Activity Supervisor

NO CHILD / YOUTH WILL BE ALLOWED TO ATTEND THIS EVENT WITHOUT THIS FORM COMPLETED AND SIGNED.

Event _____ Date _____

Leader _____

I, hereby, give my permission for _____, to attend this Youth event.

Parent/Guardian _____ Date _____

Signature _____ Phone _____

Address _____

Medical Treatment Form

I give permission for _____ to receive proper medical treatment in the case of an accident or emergency. The assigned department leader of First United Baptist Church is hereby given the authority to secure medical attention.

Parent/Guardian _____ Date _____

Signature _____ Insurance Company _____

Insurance Number _____

In the event of an emergency, if I cannot be reached, contact:

Name _____ Phone _____

Medical Problems (allergies, medications, etc.) _____

Co-operation Form

I will cooperate and comply with all rules and regulations of First United Baptist Church, the Department, and the place attended. In the event I do not cooperate, I understand that my parents will be contacted to pick me up.

Youth Signature _____ Date _____

Parent Signature _____ Date _____

ALL ACTIVITIES ARE AT YOUR OWN RISK!! BY THIS COMPLETED AND SIGNED FORM, I RELEASE FIRST UNITED BAPTIST CHURCH FROM ANY AND ALL RESPONSIBILITY.

First United Baptist Church

99 Church Street - Lowell, MA 01852 - 978-452-9281