

First Baptist Church • Lilburn, Georgia

PARTICIPANT PERMISSION / HEALTH FORM

The information below must be completed for all persons under age 18 participating in LFBC trips / special activities.

For Medical Treatment to be administered, this form must be notarized.

Name of Participant: _____

Date of Birth: _____ / _____ / _____ (First) (Middle) (Last)
Social Security #: _____

Home Address _____

Home Phone: _____ (city) _____ (state) _____ (zip)
Sex: _____

Parent(s) Name: _____

Parent(s) Work Phone: () _____ / () _____

Name of another person (if parents not available) to notify in case of emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Date Last Tetanus Shot: _____ Allergies: _____

Allergic to any medication? _____ (list) _____

Name of Family Health Carrier: _____

Policy #: _____ Employer: _____

I hereby give my permission for _____ to participate in this church sponsored event. I hereby release all adult chaperones and Lilburn First Baptist Church from any liability arising from damage or injury to person or property.

I also grant authority to the chaperones for the discipline of the above named participant, including sending them home if necessary. I understand that I will reimburse the church for the cost of the fare for the return trip home.

I hereby authorize medical and surgical treatment for the above named participant as chosen by the church staff representative.

Signed: _____ Date: _____

NOTARY

Sworn and signed before me this _____ day of _____, 200_____.

Notary

Commission Expires:

Notary Seal: