

First Baptist Church
20 Church Avenue, Troy, Texas 76579
Phone: 254-938-2582/2583 Email:
fbctroytx@fbctroytx.org

PERMISSION SLIP & MEDICAL RELEASE

My child, _____, has my permission to attend the _____, with the First Baptist Church of Troy on _____ (date).

In the event of an emergency in which my child requires treatment by a physician due to illness or injury, I hereby authorize the adult sponsors of the church to obtain whatever medical/surgical treatment deemed necessary for the well being of my child. I agree to accept responsibility for any and all expenses incurred while obtaining this treatment.

In consideration for permitting my child to attend this function, I release the church, its employees, agents and members and all sponsors from any and all liability for any injury to my child, and agree to indemnify them and hold them harmless from any such injury. This indemnification agreement expressly includes indemnification from liability for acts of negligence or other wrongful acts on the part of the church, its employees, agents and members, and all sponsors of the function,

Parent/Guardian Signature: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Physician: _____

Phone: _____

Insurance Company: _____

Member Number: _____

Allergies:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Medications:

_____	_____	_____
_____	_____	_____

Other Information:

PLEASE RETURN WITH REGISTRATION FORM.