

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***FBSM Annual Release Form***  
***Fellowship Baptist Student Ministry***  
***of Tallahassee, Florida***

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City, State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent(s)/Custodial Adult(s)' Name(s):**

1. \_\_\_\_\_  
Last First Relationship
2. \_\_\_\_\_  
Last First Relationship

**Parent(s)/Custodial Adult(s) Phone Numbers:**

- Work phone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Cell phone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

**In case of emergency contact:**

1. Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Evening phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Evening phone: \_\_\_\_\_

# **MEDICAL INFORMATION**

**Name and phone number of primary treating physician:**

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**Allergies (including medications child/youth can NOT take) / Special Health Concerns:**

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**Chronic Illnesses and Medications Taken:**

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## **Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (youth's name), I/we give permission for Fellowship Baptist Church of Tallahassee, FL, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not. I/we agree to be financially responsible for such care

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Signature (Student)

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Date

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Signature (Parent or Guardian)

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Date

**MEDICAL INSURANCE INFORMATION:**

Company/Provider: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant I.D. Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

**PERMISSION TO TRAVEL IN VEHICLE WITH ONE ADULT PRESENT**

I/we give permission for my/our youth to travel in a vehicle operated and occupied by only one adult.

(Yes) (No) Initials: \_\_\_\_\_

**PHOTO/VIDEO PERMISSION:**

I/we understand that my child may be photographed while participating in the activities of Fellowship Baptist Church of Tallahassee, FL. I/we give permission for a recognizable image of my child to be posted on the church's website and any publications.

(Yes) (No) Initials: \_\_\_\_\_

**PERMISSION TO PARTICIPATE; RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT**

I/we give permission for \_\_\_\_\_ (name of youth) to participate in the activities of Fellowship Baptist Church of Tallahassee, FL, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Fellowship Baptist Church, I/we release Fellowship Baptist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Fellowship Baptist Church; and I/we agree to indemnify and hold forever harmless Fellowship Baptist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Fellowship Baptist Church or from traveling to or from the activities of Fellowship Baptist Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, or by the expiration date of one year from the day of signing. I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

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Notary:

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
personally appeared before me \_\_\_\_\_ and in my presence  
executed the foregoing instrument.

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

My commission expires \_\_\_\_\_.

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

Notary Public (Print Name) \_\_\_\_\_ Serial Number \_\_\_\_\_

Seal: