

Shirt Size \_\_\_\_\_

**2024 Children's Permission Form for Participation & Medical Treatment  
First Baptist Church, Smithfield, NC**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_  
Street or PO Box City, State, and zip code

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Location of Parents/Guardians on weekdays \_\_\_\_\_ weekends \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

**Person To Contact if Parents/Guardian Cannot be Located**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. & Claims Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Contact/Group Number \_\_\_\_\_

Other Insurance Information \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Allergies \_\_\_\_\_

Please list any medical problems we should know about, any medications that your child is taking, and any foods your child should not eat \_\_\_\_\_

**\*\*\*\*PLEASE COPY YOUR INSURANCE CARD ON THE BACK OF THIS FORM\*\*\*\***

**(To be signed by parent in the presence of a Notary Public)**

As the parent or legal guardian of \_\_\_\_\_, I give my permission for him/her to participate in activities with First Baptist Church, 202 S. Fourth St., Smithfield, NC, for the period of January 1, 2024 through December 31, 2024, I understand that at times the activities will involve travel away from the facilities and that some of the activities have a risk factor, examples include but are not limited to: flying; snow skiing; swimming, white water rafting, other water activities; athletic events such as softball, volleyball, basketball, etc.; hiking, and traveling. I give permission for my child to be given medical emergency attention if deemed necessary while under the care of First Baptist Church. I understand that every effort will be made to contact me before any actions are taken. I, \_\_\_\_\_, the undersigned, do release, acquit, discharge and covenant to hold harmless First Baptist Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation on trips during the year 2024. I also give permission for his/her picture to be published on the First Baptist Church website at fbcsmithfield.org and the FBC Smithfield Facebook Page, Instagram, or any other FBC Smithfield

\_\_\_\_\_  
Parent/Guardian Relationship Date

**Notary:**

State of: North Carolina, County of: Johnston. Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My commissions expires \_\_\_\_\_