



**BLANKET PERMISSION SLIP
FOR ALL YOUTH ACTIVITIES**

Valid for: September 1, 2021 – August 31, 2022



I, the undersigned, do hereby give consent for my student named below to participate in all activities scheduled on or off church property, for the Student Ministry of First Baptist Church, Metuchen, and also give permission for my student to be transported to and from these activities. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to First Baptist Church's Child Protection Policy at all times.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to secure the services of any licensed medical personnel to provide necessary medical services, in the event that my student is injured or becomes ill. I understand that First Baptist Church, Metuchen will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent or guardian.

I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events, except as specifically listed below. I agree to notify First Baptist Church in writing of any health changes that would restrict my student's participation in normal youth activities.

I understand that I will also be required to complete and sign additional permission slips for all activities which occur off church property, which will signify that I am aware of the specific dates, times, requirements, and activity for each particular event.

By signing below, I acknowledge and accept the risks of physical injury associated with participation in Student Ministry activities. I accept personal financial responsibility for any bodily or personal injury sustained during these activities.

Please neatly print in ink all information except signature

Student's Legal Name: _____ Date of Birth: ____/____/____
Month Day Year

Address: _____ City: _____, NJ Zip: _____

Mother's: Name: _____ Cell #: _____

Father's: Name: _____ Cell #: _____

Family Doctor's Name: _____ Phone #: _____

Student's personal/family medical insurance: Policy #: _____

Name of Insurer: _____ Group #: _____

Physical handicaps or illnesses that would prevent my student from participating in normal rigorous activity: _____

Allergies: _____

My student can be given the following (or generic equivalent) over-the-counter medications:

Please circle all that apply: Tylenol Advil Motrin Aspirin Benadryl

This permission shall remain in effect until August 31, 2022 unless terminated in writing.

Signature of Parent or Guardian

Date