



*First
Baptist
Church* OF CANTON

Proclaiming Christ . . . Leading the Way

**First Baptist Church of Canton
Permission Slip**

I, _____ authorize _____
PRINT (Parent/Guardian First & Last Name) **PRINT (Child/Teen First & Last Name)**

to participate in the following activities offered by First Baptist Church of Canton, MI:

_____ **All R.A.G.E. Student Ministry Activities for Year** _____
_____ **Teen Winter Camp** _____ (only)
_____ **Teen Summer Camp** _____ (only)
_____ **Word of Life Events** _____ (name of activity)
_____ **Cedar Point** _____ (only)
_____ **Jr. Camp Summer** _____
_____ **Other:** _____

This authorization includes: time traveling, organized activities and any medical emergencies. Should a medical emergency arise, the Adult Leaders supervising the event have my permission to obtain **any necessary emergency care** for my son/daughter.

I agree to hold First Baptist Church of Canton, MI, its employees and volunteers harmless for any claim or action that might arise on behalf of myself or my son/daughter other than for the willful, deliberate, or reckless misconduct of First Baptist Church, its employees or volunteers.

NOTE: ALL attire is asked to be loose fitting and modest. FBC Leaders reserve the right, at any time, to ask anyone to change their clothing, if inappropriate.

*This permission form **MUST** be signed and returned.*

Parent/Guardian Signature

Date

I understand that my son/daughter will agree to obey the instruction of the leaders or supervisors of the event and respect the rights of others.

NOTARIZATION: _____
(Optional) _____
Date

Medical facilities may refuse to treatment without notarized.

44500 Cherry Hill Rd. • Canton, MI 48187 • (734) 981-6460

www.fbccanton.net

☐ No Known Drug Allergies _____ Weight _____ Age _____ Birth Date

☐ Authorized Personnel To Administer Over-the-Counter Medication (as needed)

PLEASE PRINT

LIST ALL ALLERGIES: (Medication, Food, Seasonal - Include Reactions to each Allergies)

ALL MEDICATION WILL BE ADMINISTERED BY AUTHORIZED PERSONNEL ONLY. (PRESCRIPTION & OVER-THE COUNTER)

1.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN
2.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN
3.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN
4.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN
5.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN
6.	_____ NAME OF DRUG	_____ DOSE	_____ TIME TO BE GIVEN

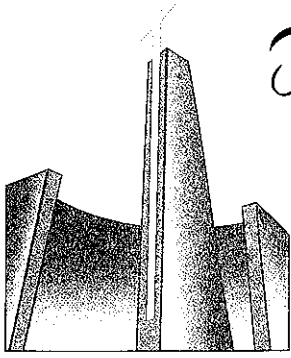
(Please Attach Any Additional Information)

MEDICAL INSURANCE INFORMATION:

_____ Name of Medical Insurance Company	_____ Policy Holder's Name & Birth Date
_____ Group Numbers / Plan Numbers	_____ Contract Numbers

CONTACT INFORMATION: *"In Case of an Emergency"*

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____



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**First Baptist Church of Canton & Bethel Youth Camp
RELEASE OF ANY AND ALL CLAIMS**

The undersigned, _____ residing at
(Name)

_____ in the
(Home Address)

City or Township of _____, Michigan, in consideration of being accepted by
First Baptist Church of Canton & Bethel Youth Camp for _____

(Event/Activity)
occurring on _____, do voluntarily and knowingly execute
(Date or Dates)

this Release of Any and All Claims with the express intention of releasing First Baptist Church of Canton & Bethel Youth Camp, its agents, employees and directors of any/all claims for personal injury and or property damage and/or expenses incurred attendant thereto to which I may have or may acquire as a result of my participation in the above referenced activity.

The undersigned, with the express intention of binding him/herself, his/her heirs, executors, administrators and assigns, agrees to indemnify and hold harmless, and forever releases and discharges First Baptist Church of Canton & Bethel Youth Camp, of its agents or assigns, employees, or directors, for all sickness and/or personal, and expenses attendant thereto, caused by, incurred at or arising out of the undersigned's participation in the above described activities, whether while in recreation or at work, including but not limited to those attributed to the negligence of church/Camp personal and/or other participants.

In addition, I grant permission to First Baptist Church of Canton for the unrestricted usage of any likeness (photo or video) taken of the participant or any statement or comment made by the participant. Such use includes the display, distribution, publication, transmission or otherwise use of photos, images and/or videos taken of the participant; but not limited to printed materials (ie. brochures, newsletters) and video-taping (ie. internet usage, such as: First Baptist Church website, YouTube, Facebook, Twitter, etc.) and reserves the right to do so without further notification or compensation.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

PARENT SIGNATURE _____ DATE _____

PRINT NAME _____

CONTACT PHONE NUMBER _____

PARTICIPANT SIGNATURE _____ DATE _____

PRINT NAME _____