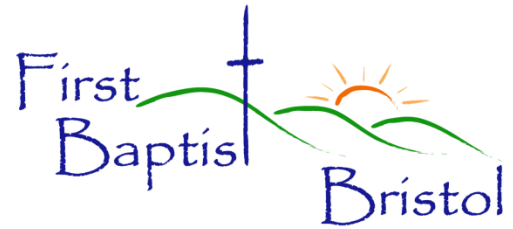


Putt-Putt & Ice Cream  
Wednesday, June 29, 2011



The elementary children will travel to Putt-Putt Golf & Games in Bristol, TN on Wednesday, June 29. We will leave from the church at 6 pm Wednesday and return between 7:30 pm and 8 pm. Trip participants will need \$6 for Putt-Putt and ice cream. The teenagers will be going along as sort of junior chaperons, so this trip will be a great opportunity for the children and teens to get to know each other and have fun together.

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### PERMISSION SLIP

\_\_\_\_\_, a minor, has my/our permission to go with the First Baptist Church children's ministry to Putt-Putt Golf & Games in Bristol, TN on Wednesday, June 29. **I/We have completed and signed a Medical Information and Release Form\* and this document is either attached to this permission slip or is on file at the church (NO STUDENT WILL BE ALLOWED ON THE TRIP WITHOUT THIS DOCUMENT).**

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\*A new Medical Information and Release Form must be completed and signed for each new calendar year.



CHILDREN'S MINISTRY
Medical Information and Release Form

NAME BIRTHDATE
ADDRESS SS#

IN CASE OF EMERGENCY NOTIFY:

1. HOME # WORK #
2. HOME # WORK #
FAMILY PHYSICIAN PHONE

INSURANCE INFORMATION

NAME OF MEDICAL INSURANCE CO.
NAME ON POLICY
GROUP NUMBER
SUBSCRIBER NUMBER

PAST MEDICAL HISTORY

Check the appropriate information.

Asthma Sinusitis Bronchitis Kidney trouble Diabetes Heart trouble Dizziness
Stomach problems Hay fever
Other

Allergies

Foods Drugs
Insects Vegetation

Previous operations or serious illnesses
Name and dosage of current medications
Special diet
Blood Type Date of last Tetanus shot

Childhood diseases

chicken pox measles mumps whooping cough
other

PERMISSION FOR TREATMENT

In the event that I/we the undersigned parent(s) or guardian(s) of, a minor, cannot be reached, I/we do hereby authorize adult workers of First Baptist Church, Bristol, Virginia as agent(s) for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel licensed under the provinces of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

RELEASE OF LIABILITY

I/We, the undersigned, do hereby release, remise and forever discharge First Baptist Church and all adult workers of First Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in a church sponsored trip or event.

PHOTO/AUDIO/WEB RELEASE

Further, I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the participant during their participation in any activity, event or trip to be used, distributed, or shown as the church sees fit including but not exclusive to: videos, slide shows, church web site, print media and local newspapers. (When used in the public realm identifying information will be used responsibly e.g. names will not be attached to specific pictures on the church web site)

Date
(Parents' or Guardians' Signatures)

PARENTS ARE RESPONSIBLE FOR UPDATING THIS INFORMATION SHOULD CHANGES OCCUR.
\*\*\*\*\*Valid through December 31, 2011\*\*\*\*\*