

First Baptist Church Waynesville
1009 Lytle Road Waynesville, OH 45068 513-897-1009

Permission Form

I give my child/youth, _____(name), permission to join the Youth Group of Waynesville First Baptist Church of Waynesville, Ohio, on a trip to _____(destination)

on _____ (date). I hereby release Waynesville First Baptist, its pastors and leaders, all church officers, and all acting children/youth volunteers from the responsibility and liability for any illness or injury that my child/youth may sustain during the children/youth activity. In the event of an emergency, I hereby authorize any adult leader of Waynesville First Baptist Church to act as an agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where the service is rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent

Date

CHILD/YOUTH PARTICIPANT

I agree to abide by the rules, as well as the directions of the leadership, of this event. I understand if I fail to comply with the rules, my parents/guardians may be contacted and I may be sent home at my parents expense.

Signature of Student

Date

NO ONE may attend an OFF-CAMPUS function with Waynesville First Baptist Church unless a completed and signed Permission Slip and Current Medical Information & Authorization for Treatment form is on file in the WFBC Student Life office.