

2024/2025 FBC TEENS PARENTAL CONSENT FORM
First Baptist Church
103 Cranberry Rd Grove City, PA

This permission slip will serve as a permanent consent/permission form for all on and off campus events with the FBC Teens group. It will be updated regularly and will be necessary for all off campus events. For any events out of the immediate Western PA area, or events that involve greater than normal risks (such as water activities, overnight trips, etc.), an additional form may be required. In the event of an emergency, the First Baptist Church Teen Leaders will make every effort to contact the parent or guardian immediately.

My child _____, has my permission to participate in any regularly scheduled church and youth group events, as planned by the First Baptist Church Teens Groups. I understand that this may include swimming in both public and private pools, hiking activities, mini golf, snowtubing, camping, corn maze, lake/boating trips, service oriented trips, and other scheduled field trips. I realize that transportation may be given by the church van or by private drivers (FBC Teens Leaders and their vehicles). I understand that, unless previously arranged, I will pick up my child at the First Baptist Church after the event.

Additionally, I give my consent to the First Baptist Church Staff and Teens Leaders to seek all emergency dental or medical care prescribed by a licensed physician or dentist for my child. I assume the responsibility for my child's participation in adult-supervised Church ministries, programs, and events and will not hold First Baptist Church, nor its Staff or Advisors, liable for any illness or injury incurred at FBC Teens activities at which every reasonable precaution has been taken. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity and those attending and involved, the Teens leaders reserve the right to return my child home.

Signature of Parent/Guardian

Date

Child's Full Name

Child's Birthday

Full Address

Home Phone

Cell Phone

Work Phone

Emergency Contact (other than parent)

Phone

Physician

Phone

Insurance Company & Address

Policy Number

Drug Allergies & other medical conditions : _____

Food Allergies

Date of last Tetanus shot

Is there anyone NOT authorized to pick up your child? _____

_____ Yes/No – Permission to Post Pictures on Facebook, Church Web Site, Bulletin Board, etc..

Name _____ Signature _____ Date ___/___/___

2024/2025 Teen Leader

Abigail Frey