

RELEASE FORM FOR FAITH FLYERS OUTING

My child \_\_\_\_\_ has my permission to go on any church sanctioned event. I understand that I will be providing transportation to and from the church and First Baptist will transport my child to and from any activity by automobile.

RELEASE OF RESPONSIBILITY

I agree not to hold First Baptist Church, chaperones, or driver responsible in the event of illness or any accident which may befall my child during the time he or she is under the supervision of above parties; including the transporting of my child to, from, and during the event.

\_\_\_\_\_  
(Parent/Guardian Signature) Date \_\_\_\_\_

**THIS PAPER MUST BE ON FILE WITH FIRST BAPTIST CHURCH OF PAINESVILLE BEFORE PARTICIPATION WILL BE GRANTED.**

EMERGENCY INFORMATION

Please Print

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Where can parents or guardian be reached if not at home?

Mother \_\_\_\_\_ Father \_\_\_\_\_

Guardian \_\_\_\_\_ Email \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Date \_\_\_\_\_

In case of accident or serious illness, I request that one of the above listed chaperones contact me. If unable to reach me, I hereby authorize one of the chaperones to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, one of the chaperones may make whatever arrangements seem necessary.

Signature of parent/guardian \_\_\_\_\_

Allergies \_\_\_\_\_

Other Conditions \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Office \_\_\_\_\_ Home \_\_\_\_\_

**This outing is provided by First Baptist Church. If there are any questions please call Michael Katz 1(440)622-4075**