

# Field Trip CONSENT & RELEASE FORM for 1/1/2022-12/31/2022

Today's Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_  
LAST FIRST M.I.

Address: \_\_\_\_\_  
STREET CITY ST ZIP

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female

Parent/Guardian's name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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I hereby grant permission for my child to participate in the following activities: Off Campus Activities (ex. Bowling, Meet ups at the park, etc.)/ Rock the Universe/ Summer Camps/ Weekend Retreats/ Lock-ins/ Local Mission Trips/Merge Events (activities with local churches)/ Riding in Youth Leaders Cars for church activities

## TRAVEL CONSENT

I understand that by signing this form, I am giving permission for my child, also known as "participant", to be transported by church van, public bus, and/or private vehicles to and from the above stated locations. I also grant permission for my child to participate in any special trips off the with the proper staff supervision.

## ACKNOWLEDGEMENT OF INHERENT RISK

I acknowledge that there are inherent risks associated with many activities. By signing this form, I am agreeing to assume the risk associated with this event, whether known or unknown to me at this time. I release First Baptist Church of Palm Coast, including its employees, volunteers, agents, and trustees from responsibility for my child's accidental physical injury, including death or illness, and loss of personal property while at activity or during travel to and from camp.

## MEDICAL RELEASE

In an emergency, I hereby give permission and authorize the adults representing First Baptist Church of Palm Coast who have temporary custody my child to secure emergency medical treatment, including hospitalization and any other emergency medical procedure which may be needed for the participant. I understand that this consent is given in

advance of any specific diagnosis or treatment being required and is given to encourage those persons who have temporary custody of the participant and said physicians or dentists to exercise their best judgment in securing or administering treatment.

**ACCIDENT COVERAGE**

I understand that, should medical treatment be required in the event of an accident or illness, my personal/family insurance will be primary coverage for accidents. First Baptist Church of Palm Coast's insurance policy will not cover illnesses.

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PLEASE PROVIDE THE PARTICIPANT'S PHYSICIAN AND INSURANCE INFORMATION BELOW.  
**ATTACH A PHOTOCOPY OF INSURANCE CARD**

Name of Family Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Please list any allergies or medical conditions that the child has of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of your insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

Not currently insured – First Baptist Church of Palm Coast reserves the right to subrogation if it is later determined that personal medical insurance was in place.

**PROTECTIVE CUSTODY ARRANGEMENTS**

Is there a court order in place that lists certain persons who are or are not authorized to pick up the participant?

Yes       No

**Once all the above fields are filled out, please print your name and sign below:**

_____ <b>Parent's/Guardian's Signature (only <u>one</u> signature is needed)</b>	_____ <b>Date</b>
_____ <b>Parent's/Guardian's Printed Name</b>	_____ <b>Date</b>