



# FIRST BAPTIST CHURCH ROCKY MOUNT, NC

200 South Church Street // Rocky Mount, NC 27804 // (252) 446-9113 // fbcrmm.org

## PARENTAL CONSENT FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School \_\_\_\_\_ Mobile/Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Contact/Mobile Phone: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Contact/Mobile Phone \_\_\_\_\_

Address (if different from any above): \_\_\_\_\_ E-mail \_\_\_\_\_

To Whom It May Concern: I, \_\_\_\_\_, give \_\_\_\_\_ permission to participate in \_\_\_\_\_ activities sponsored by First Baptist Church, Rocky Mount, NC for the calendar year. We (I) authorize an adult, in whose care the minor has been entrusted, to consent any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions 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. We (I) will not hold the adult in charge, the attending physician, or First Baptist Church, Rocky Mount, NC, responsible. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church, Rocky Mount, NC.

Hospital Insurance: Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Phone #'s (1) \_\_\_\_\_ (2) \_\_\_\_\_

**My young person and I understand what is expected in behavior. Bad behavior will result in being sent home at our expense from this trip. I have read and understand the rules set forth in the First Baptist Student Ministry Trip and Travel Policy and agree to abide by them at all times.**

\_\_\_\_\_  
(Participant's signature)                      Date      (Parent/Guardian signature)                      Date

Please list any allergies or special medical problems the participant may have plus any medications that the participant is currently taking (may continue on back if needed): \_\_\_\_\_

\_\_\_\_\_  
*Thank you, FBCRM*