

FERGUSON AVENUE BAPTIST CHURCH
ACTIVITIES PERMISSION FORM and RELEASE/MEDICAL EMERGENCY INFORMATION
10050 Ferguson Avenue
Savannah, Georgia 31406
(912) 355-0949
Activities Year 2015-2016

Dear Parents and Guardians,

Please help us with our records by filling out this permission slip and returning it with your child to our next meeting.

Child's Name _____

Birthdate _____ Age _____ Grade _____

(Children riding the bus MUST be in Kindergarten or higher grade.)

Parent/Guardian's Name _____

Address _____

(Children riding the bus will be dropped off at this address unless permission in writing is furnished by the parent to drop off at another location.)

City _____ State _____ Zip Code _____

Phone No. _____ Email _____

Health problems, allergies, or restrictions that would prohibit my child's participating in game or gym time _____

My child is on the following medications _____

Physician's Name _____ Phone _____

IN CASE OF EMERGENCY AND WE ARE UNABLE TO REACH YOU, WHO SHOULD BE CONTACTED?

Name _____ Phone _____

Cell No. _____ Relation to child _____

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child/youth attending FABC, my child will participate in riding the bus and Awana/Youth games and activities which carry with them a degree of risk and danger. I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in bus riding and activities, whether foreseen or unforeseen, and I still wish to allow my child to participate in these activities. If a bus rider, I have reviewed with my child FABC's Van/Bus Policies, Procedures and Rules.

Signature: _____

Printed Name: _____

Date: _____

This completed form is necessary for your child's participation in our activities.