

**First Baptist Church Henderson**  
**Permission Form**  
**Middle School Youth Group**

My youth, \_\_\_\_\_, has my/our permission to participate in the Middle School Youth programs and to ride the church vans of the First Baptist Church for all activities of the Middle School Youth Group for the 2019-20 school year. In the event of a medical emergency, if I cannot be reached, I grant authority for the instructors and chaperones of the First Baptist Church to seek medical treatment for my child, and I realize that any such treatment will be covered by my own insurance or at my own expense.

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Middle School Student's Full Name	DOB	Grade
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Please list all allergies, both food and medical (use back if you need more space)

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Other special needs, medical or otherwise (use back if you need more space)

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Student's Home Address	Home Phone
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Insurance Company	Policy Number
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Mother/Guardian's Name (and address is different from above)

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Mother/Guardian's Work Phone	Cell Number	E-mail
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Father/Guardian's Name (and address if different from above)

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Father/Guardian's Work Phone	Cell Number	E-mail
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Parent(s)/Guardian(s) Signature(s)