

**FIRST BAPTIST CHURCH OF FORT WORTH CHILDREN'S MINISTRY**  
**GENERAL PERMISSION FORM 2013-2014**

Through this agreement, I give \_\_\_\_\_ my permission ("Permission Form") to participate with the First Baptist Church Fort Worth (**FBCFW**) Children's Ministries (**Kids Adventure Zone – other wise known as "KAZ"**) on their various events and outings. These events and outings range from concerts, camps, retreats, local recreational activities, and mission projects. I realize that this is a general form to be placed on file in the office of the Minister of Children, which **FBCFW KAZ** may use when necessary. I also understand that a separate short form, which incorporates this Permission Form therein, will be used for each particular event to show that I have further consented thereto for my student to travel with the Student Ministries of **FBCFW**.

Parent/ Guardian Name \_\_\_\_\_

Preferred Phone \_\_\_\_\_

If unable to reach parent/ guardian in case of an emergency contact:

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

2<sup>nd</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_

**PERMISSION FOR MEDICAL SERVICES**

If a medical emergency should arise while at the outing/ event and I cannot be immediately contacted, I hereby give permission to the **FBCFW** Minister of Children, or designated adult representative of **FBCFW** to select a physician and/ or hospital for my child's care. I hereby also give the physician and/ or hospital, as selected by the **FBCFW** Minister of Children, or designated adult representative of **FBCFW**, my permission to hospitalize, medically treat, order injections, anesthesia, or surgery as medically necessary for my child, as reasonably determined and advised by proper medical personnel.

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company Name: (Please attach a copy of insurance card) \_\_\_\_\_

Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type of Coverage \_\_\_\_\_

Address of Company \_\_\_\_\_

**PERMISSION TO USE PHOTOGRAPHS**

I authorize **FBCFW** (including **KAZ**) to use photographs of (the above named) for educational or promotional purposes in any type of printed or electronic media, including its website.

**STUDENT WAIVER AS TO PERSONAL PROPERTY**

I understand that it is my responsibility to safeguard any personal property I bring on any outing/ event. I further understand that **FBCFW** will not be responsible under any circumstances for any property lost, misplaced, or stolen, either directly or indirectly. I further understand that such loss may or may not be covered under my homeowner's policy and that arrangements for such insurance are my responsibility. I also acknowledge and agree that **FBCFW** does not have any insurance coverage related to any such loss for my own personal property. Finally, I understand that no person has any authority to modify the terms of this waiver, except in writing by an authorized individual of the Finance Committee of **FBCFW**.

**Parent/ Guardian Signature(s)**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please print your name and address here:

\_\_\_\_\_

\_\_\_\_\_

Phone numbers: \_\_\_\_\_