

First Baptist Church  
201 N. Madison Ave Mansfield, MO 65704  
2024-2025 MASTER PERMISSION FORM

**PARENTAL/GUARDIAN LONG-TERM  
NOTORIZED PERMISSION/RELEASE FORM**

**A. STUDENTS:**

I, \_\_\_\_\_, desire to participate in activities being held so that I may learn more about Jesus Christ, enjoy the friendship of others, and enjoy the activities and fellowship of other students. I promise to follow the instructions of the FBC Ministry Staff and to respect the rights of others. I promise to wear my seat belt when traveling to/from/during various events. I promise not to bring/use any weapons, alcohol, tobacco, vape, or illegal drugs. I promise to use my cell phone in a respectful manner. **I agree that if I violate any of the conditions stated above, my parents/guardians will be notified and I may either be sent home at my expense, or my parents/guardians will be requested to pick me up before the activity is over.**

**I have read the PARENT/GUARDIAN section below and agree with all information approved by my parent/guardian.**

\_\_\_\_\_  
**Signature of Student**                      **Birth Date**                      **Today's Date**

**B. PARENTS/GUARDIANS:**

I/We give my/our participatory permission for my/our son/daughter \_\_\_\_\_  
**NAME OF CHILD**  
**(Please Print)**

to attend **all activities**, planned or informal through August 2025.

I agree to allow my/our son/daughter to travel to/from/during various events in various vehicles that may or may not be owned, rented, or operated by First Baptist Church, Mansfield, its employees, or volunteer staff. **I also agree that if my/our son/daughter breaks his/hers above promises, I will be notified and will pay the expense of him/her being sent home before the activity is over or will pick up my/our son/daughter from the activity before it is over.**

\_\_\_\_\_  
**DATE**    **SIGNATURE of Parent or Guardian**

\_\_\_\_\_  
**EMAIL ADDRESS**                              **Name of Parent or Guardian (PLEASE PRINT)**

\_\_\_\_\_  
**CELL PHONE NUMBER**                      **STUDENT CELL PHONE NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY**                                      **STATE**                                      **ZIP CODE**

### C. PHOTO/VIDEO RELEASE

I give my permission for photo/video of my child to be used in advertisements/promotional materials for First Baptist Church, Mansfield which could be used in all forms of media including but not limited to brochures, posters, newsletters, and the church Social Media pages, website, and app. These pictures and videos will not be sold to any outside entities but will remain for church use only.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Name (Please Print)

### D. MEDICAL INFORMATION AND CONSENT

#### MEDICAL HISTORY:

Does your child have any known allergies?      Yes                  No

If so, What? \_\_\_\_\_

Does your child have any known illnesses, diseases, or prior surgeries?      Yes                  No

If so, What? \_\_\_\_\_

Is your child taking any medication(s)?                  Yes                  No

If so, What? \_\_\_\_\_

Is your child UNABLE to take any medications?      Yes                  No

If so, What? \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Is your child covered under medical insurance?      Yes                  No

If so, please give the following information or provide a copy of insurance card:

Policy Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Group/ID Number: \_\_\_\_\_

Ins. Company Phone Number: \_\_\_\_\_

Primary physician name and phone number:  
\_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
  Home                                  Work                                  Cell

Should an emergency arise, the FBC Ministry Staff and/or volunteers have my permission to obtain any and all necessary medical treatment for my/our son/daughter from a medical office or a hospital. I agree to hold harmless and indemnify First Baptist Church, Mansfield and its employees and volunteer staff, or any facility or business where activities take place, and its employees and volunteer staff against any claim or action that might arise on behalf of myself or my son/daughter, other than the willful, wanton, or reckless misconduct of employees or volunteer staff.

I understand that payment for medical care will be my responsibility and not that of First Baptist Church, Mansfield or any of its organizations. **This is a long-term permission form! If medical conditions of your son/daughter change, it is the responsibility of the parent/guardian of the student to notify First Baptist Church in writing prior to any and all events.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_