



Colbert Heights First Baptist Church ACTS 1:8 TEAMS

6000 Woodmont Drive • Tuscumbia, Alabama 35674
(256) 383-8016

PARENTAL CONSENT & MEDICAL RELEASE AFFIDAVIT (STUDENT—17 Years & Younger)

I/We, _____ and _____, parents
of _____ give our permission to FBCCH to travel with our child to _____
on these specified dates: _____

FBCCH also has our permission to make any decisions regarding medical emergencies in our absence.
I/We will not hold FBCCH responsible for sickness or accidents which may occur on the trip. I/We realize
that I/we am/are responsible for providing medical insurance.

Please answer the following questions:

- Please indicate any pertinent information we should have concerning any medical problems you may have: _____

- Are you allergic to any form of medication or food? NO ___ YES, please describe: _____

- Please give us the following information concerning your insurance protection:
 - Insurance Company _____
 - Group Number _____ Policy Number _____
- Do you have any history of:

Heart Problems..... NO ___ Yes, please describe: _____

Kidney Problems..... NO ___ Yes, please describe: _____

Lung Problems..... NO ___ Yes, please describe: _____
- Please give at least one name and telephone number other than your own to contact in case of an emergency.
Name: _____ Phone: _____ Relationship: _____

X _____
Participant Signature (Student) Date

X _____
Parent Signature Date Telephone

X _____
Parent Signature Date Telephone

Notary Information:

_____, Notary Public
My Commission Expires _____
County _____ State _____

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