

First Baptist Church
119 West Washington Street
Rogersville, Tennessee 37857
423-272-2151

*Year _____

Children and Youth Activities Information and Authorization Form

Name _____ Age: _____ D.O.B. _____
Last First Middle

Address _____ Zip _____ Phone # () _____

Church Member at _____

In Case of Emergency, Contact: _____ Phone _____

Family Physician _____ Phone _____
Insurance Company _____ Phone _____
Insurance Address _____

Immunizations: Tetanus _____ Polio Booster _____ Mumps _____ Other _____
Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Other _____
Allergies: Food: _____
Penicillin/Drugs: _____
Insect Stings/Bites: _____

Previous Serious Illness: _____

Presently Under Physicians Care? _____ Name and Phone: _____

Current Medications: _____

Special Diet? _____

The undersigned parent/legal guardian consents to the participation of _____
in Children/Youth activities (including photographs that can be used on the church website, weekly bulletin, bulletin boards, television
broadcast, and/or other electronic media) conducted under the sponsorship of Rogersville First Baptist Church, Rogersville, Tennessee, it's
employees, chaperones, and members. In making such a consent, the parent/legal guardian acknowledges that he/she understand that there
are risks to both person and property associated with engaging in such activities and hereby consents to assume such risks, therefore,
Rogersville First Baptist Church will not be held responsible.

In case medical attention is required, I _____ of _____
Name of Parent/Guardian Address
of _____ in _____, Tennessee, hereby appoint _____
City County FBC Activity Leader

to insure prompt attention in case of illness or accident, I/we the parent/Guardian hereby give power of attorney to the adult in charge on church
activities to seek and acquire any medical, dental, or surgical treatment, including hospital care to be rendered to the participant under the general or
specialized supervision on the advise of a licensed physician/dentist or other qualified medical personnel acting under their supervision. The
undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the
forenamed minor pursuant to this authorization.

The undersigned does also hereby give permission for my (our) minor child/youth to ride in any vehicle designated by the adult, in whose care the
minor has been entrusted, while attending and participating in activities sponsored by Rogersville First Baptist Church.

I hereby acknowledge that I have completed the information concerning medical history and have read, understand and agree with sections
concerning power of attorney, release of liability, and medical release. I also give my consent for my son/daughter to be under the disciplinary
control of the chaperone(s) designated by Rogersville First Baptist Church.

Signature of Parent/Guardian: _____ Date: _____
In the Presence of a Notary Public State of Tennessee/County of Hawkins

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____, who is personally known to me or who has produced a Tennessee Drivers License as
identification and who did take an oath.

Notary Public, State of Tennessee
My Commission expires: _____

***THIS AUTHORIZATION FORM IS GOOD FOR ALL IN-STATE OR OUT-OF STATE ACTIVITIES CONDUCTED BY
ROGERSVILLE FIRST BAPTIST CHURCH, FOR THIS ENTIRE CALENDAR YEAR.**