



**First Baptist Church of Coldwater  
Youth Ministry  
Parent Release Form**

I, \_\_\_\_\_ give permission as legal parent/guardian of \_\_\_\_\_  
\_\_\_\_\_ to travel with the First Baptist Church of Coldwater  
Youth Ministry to Alive 09, Canal Fulton, OH  
(Destination)

Departing on June 15<sup>th</sup>, 2009 at \_\_\_\_\_  
Returning on June 21, 2009 at \_\_\_\_\_

**Student's Information:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Insurance and Doctor Information:**

Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Coverage Type: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_

List Allergies: \_\_\_\_\_  
\_\_\_\_\_  
Medication Needed: \_\_\_\_\_  
\_\_\_\_\_

**Parent Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contact Information:**

In the event of an emergency contact these people:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I hereby grant permission for the staff/volunteer staff to administer any needed medication, non-prescription (e.g. Tylenol, cough syrup, anti-acids, pepto, etc) or prescription. I also give my permission for the said child to carry on her/his person any inhalers or epee-pens as prescribed by a doctor. All other medication will be kept with the staff/volunteer staff.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date