



First Baptist Church
Greensboro

Parental Permission Form

1000 West Friendly Avenue

Greensboro, North Carolina

336-274-3286 27401 USA

My child, _____, has my permission to travel with and participate in the First Baptist Church Youth Choir Mission to Thailand with leaders Douglas Vancil and Terri Vancil between the dates of June 21 through July 3, 2018. I understand it may be necessary for my child to ride in a charter vehicle while on the trip. I release First Baptist Church and the trip sponsors and/or counselors from liability for injury or accident, and do give my permission to all the leaders and chaperones (Doug and Terri Vancil, Catherine Little, Matt Messick, Chris and Dora Barbee) to secure proper medical attention and treatment should the need arise.

Mother's Signature _____ **Father's Signature** _____

Print Name: _____ **Date Signed:** _____ **Print Name:** _____ **Date Signed:** _____

Student Information

Date of Birth: _____ **Age:** _____ **School Grade:** _____ **Cell Phone:** _____

Address: _____

Parents Names: _____

Father's Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Mother's Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Family Physician: _____ **Phone:** _____

Insurance Company: _____ **Phone:** _____

Policy #: _____

State of North Carolina
County of Guilford

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____.

_____ (Seal)

Rosemary G. Kellam

My Commission Expires: 5/20/2022

(over)

Participant: _____

Yes No

	Yes	No
Knows how to swim		
Permission to swim		
Tetanus shot up to date (when) Date:		
Any reaction to penicillin		
Any reaction to insect bites		
Asthma		
Sinus		
Ear Infection		
Weak Heart		
Any medication to be taken regularly: (Give details in remarks section)		
Any reaction to drugs: (Give details in remarks section)		
Any physical handicaps: (Give details in remarks section)		
Any reaction to sun or sunburn: (Give details in remarks section)		

List all allergies: _____

Remarks or Concerns: _____

Parent Initials: _____ Date: _____