

First Baptist Church, Tallahassee, Florida
Activity/Event Permission Form

(For all events birth to 5th grade)
(For youth if overnight, out of Leon County, or transportation is provided)

_____ has my permission to
Child/Youth's Name

participate in the following activity/event with First Baptist Church of Tallahassee, Florida.

Activity/Event

Date of Activity/Event

The above two lines are to be filled out before the form is handed out to parents.

Signature of Parent/Guardian

Date

(This page Revised 6-30-2010 and updated 2019)

First Baptist Church, Tallahassee, Florida
Annual Youth Activity/Event Permission Form

(For events within Leon County which are NOT overnight or involve transportation)

_____ has my permission during the _____ calendar year to participate in the regular and special scheduled activities and events of First Baptist Church of Tallahassee, Florida which are held both at the FBCTLH campus and in homes, recreational and entertainment venues, and businesses in Leon County. I understand that I will need to complete a separate permission form for each activity which involves church-provided transportation (including private vehicles driven by volunteers) and overnight events.

Signature of Parent/Guardian

Date

(Appendix G-1 Adopted 6-30-2010, updated 2019)

First Baptist Church, Tallahassee, Florida
Activity/Event Medication Authorization Form

*NOTE: Please keep the medication in the original/prescription container
and place in a Ziploc® bag for the event/trip.

Name of Child _____ D.O.B. _____ Today's Date _____

Name of Medication _____

Reason for Medication _____

Email Address _____ Phone _____

Dose _____ Time/Frequency _____

Route Oral Topical Inhaled Injection Other

Date to Start _____ Date to Stop _____ Expiration _____

Additional Instructions/Comments _____

Known Side Effects _____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider _____

_____ Phone Number _____

FOR CONTROLLED SUBSTANCES

Amount of Medication Received _____

Staff Member Signature _____

Staff Member Signature _____

I authorize First Baptist Church of Tallahassee, Florida personnel to administer the medication named above to my child in the matter as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

