



First Baptist Church  
313 North Poplar St  
Paris, TN 38242  
(731) 642-5074

# Out of Town Event Form

Event Name \_\_\_\_\_

Effective dates \_\_\_\_\_ to \_\_\_\_\_

**Please print in ink**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Year in school \_\_\_\_\_

Gender (circle) Male Female

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Past Medical History

(Please circle the appropriate information)

Sinusitis	Bronchitis	Kidney Trouble	Heart Trouble	Diabetes
Dizziness	Stomach Upset	Hay Fever	Allergies	Asthma

ALLERGIES (list type)  
 Food \_\_\_\_\_  
 Drugs \_\_\_\_\_  
 Insect Stings/Bites \_\_\_\_\_  
 Previous operations or serious illnesses \_\_\_\_\_  
 Any current medications (list) \_\_\_\_\_  
 Special Diet (name) \_\_\_\_\_

CHILDHOOD DISEASES  
 Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
 Other \_\_\_\_\_

SWIMMING My child is a: non-swimmer fair swimmer good swimmer  
 Any other special instructions regarding child: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, illegal drugs, or tobacco of any kind
- No possession or use of any weapon, fireworks, lighters, or explosives
- No students may drive
- No fighting or arguing
- No offensive or immodest clothing
- No males in females' sleeping quarters and no females in males' sleeping quarters
- No displays of affection
- Participation with the group is expected and required
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Only Christian music is permitted
- Comply with FBC Paris Student Ministry Guidelines (available in the church office)

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies (Not Optional), golf, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Student Minister with this form.*

\_\_\_\_\_ has my permission to attend all youth activities sponsored by First  
Name of Student  
Baptist Church of Paris, Tennessee, (hereinafter the "Church") from \_\_\_\_\_ to \_\_\_\_\_  
Date  
\_\_\_\_\_.  
Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. I/We further grant permission for my child to accompany First Baptist Church of Paris, TN on approved trips of the church and to ride in approved vehicles with church approved drivers. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. I have read and agree to comply with the FBC Paris Student Ministry Guidelines.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_