

FBC Benbrook Youth Permission/Medical Release Form

Trip Name: Planet Wisdom
Trip Dates: February 10-11, 2012

I, _____ give my child, _____
(name(s) of parent(s), please print) (name of youth, please print)
permission to go on the aforementioned trip, at the mentioned time. I give permission to FBC Benbrook's leaders, including including the persons listed below, to take care of my child for the duration of the trip. I also give my permission for any and all medical attention necessary to be administrated to my child, in the event of an accident, injury, sickness, etc., under the direction of the persons listed below, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred. *In the event I cannot be reached, any of the following people may be designated to act in my behalf: Dave Koenig, Scott Buck, or youth leader they designate*

My Address: _____

Home Phone: _____ **Work Phone:** _____

Primary Care Physician: _____ **Phone #:** _____

Allergies: _____

I understand and accept that the risk of injury is possible while traveling to and participating in activities. I authorize the above mentioned to act according to their best judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with the above mentioned, or staff or members of First Baptist Church Benbrook, TX for all medical or dental expenses incurred as a result of participation in activities. I hereby acknowledge that the above mentioned or representatives, cannot be held responsible for any injury to my son/daughter.

(signature of parent(s))

(date)