

First Baptist Church  
FUSE Student Ministries  
1900 Gandy Blvd. St. Petersburg, FL 33702  
(727) 576-5508

## Medical Release Form / Permission Slip

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Family Insurance Co.** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Allergies: (medicine, drugs, insects, etc.)**

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**Current medications:**

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My permission is granted for the minister or adult sponsor involved to transport my child through reasonable means. If it were to become necessary, my permission is granted to seek medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of First Baptist Church of St. Petersburg from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in youth events sponsored by Fuse Student Ministries of FBC.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent/Guardian Signature)**