



First Baptist Church of Seabrook
1506 Bayport Blvd. | Seabrook, TX | 77586
www.fbcseabrook.org

YBH STUDENT MINISTRY
PERMISSION / MEDICAL RELEASE FORM

Name of Youth Participant:		Current Grade Level:	
		Birthday:	
Address (please include city and zip code)	Youth Cell Phone:	Youth Email:	
	Parent Cell Phone:	Parent Email:	
Name of Parent or Guardian:			
Emergency Contact:		Phone:	

I hereby state that I am the parent or legal guardian of the above-named youth participant. I hereby give my permission for _____ to participate in the following activity/activities:

It is my understanding that adult leadership from First Baptist Church of Seabrook will be supervising all activities. I also understand and agree that I will forever hold First Baptist Church of Seabrook and/or its representatives harmless from any liability or claim which may arise from said youth's participation in these activities.

I further understand and agree by signing this form that I am giving my permission to First Baptist Church of Seabrook and/or its representatives to obtain emergency medical treatment from a licensed medical doctor should the herein named youth become ill or be involved in an accident requiring emergency care. I understand that First Baptist Church of Seabrook will attempt to contact me first, however, in an emergency, First Baptist Church of Seabrook will act in the interest of the youth and call for emergency medical assistance immediately. I also understand and agree that I will be responsible for all fees and charges that may be incurred from obtaining emergency medical treatment.

Understood and agreed this _____ day of _____, 20__.

Signature of parent or legal guardian