

**Student Release Form 2022**  
**First Baptist Church, Lawton-Fort Sill, Oklahoma**

I, \_\_\_\_\_, give \_\_\_\_\_  
(Parent/Guardian's Name) (Child/Participant's Name)

permission to participate in **All Church Activities** from **January 1, 2022 – December 31, 2022**.  
In case of emergency, I give Aaron Myers, or the person placed in charge of my child, permission to have my child treated. I will not hold the individual in charge, the attending physician, or First Baptist Church, Lawton – Fort Sill, Oklahoma responsible.

Medication participant is currently taking: \_\_\_\_\_

Medication participant is allergic to: \_\_\_\_\_

I give my child permission to be given the following medications if the nurse or lead sponsor considers there is a need for them:

- Tylenol (regular or extra strength) for headaches, aches, fever, or cramps.
- Mylanta or Maalox for upset stomachs.
- Dramamine for prevention of nausea/motion sickness.
- Benadryl for allergic reactions or cold symptoms.
- Tigan, Phenergan suppository for excessive vomiting.
- Murine Eye Drops for irritated eyes.
- \_\_\_\_\_ for swimmer's ears.

List any physical, emotional or mental handicaps so that leaders can be sensitive to the special needs of your child. (This information is confidential. Explain further on back if needed.)

Insurance Carrier: \_\_\_\_\_ Policy No \_\_\_\_\_

Please list numbers in which you may be reached.

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**My young person and I understand what is expected in behavior. Bad behavior will result in forfeiting the privilege of participation in the next trip and being sent home on this trip. I understand that if I bring (cell phone, or other expensive item), I am responsible for it and do not hold FBC responsible if lost or stolen. Also, no drugs, alcohol or tobacco in any form will be allowed.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Under 18 / Over 18  
(circle one)