



## ***FBC Canton Travel Waiver / Medical Release***

Effective Dates: January 1, 2026 – December 31, 2026

It is understood that (Name of Child): \_\_\_\_\_ has my permission to attend any activity or trip of the First Baptist Church of Canton and ride in the church van, bus or private car. I, as the legal parent and/or legally appointed guardian, do hereby forever release and discharge the First Baptist Church of Canton, its agents, employees and officers from any claims or damages resulting from injuries to person or property while using the Church transportation / private transportation or while on a church-sponsored activity.

It is agreed that First Baptist Church of Canton or any of its officers or agents is given full authority to take whatever action they feel is warranted under the circumstances regarding the health and safety of said child/sponsor. This authority will permit the First Baptist Church of Canton, its officers or agents, at their discretion, to place participants (at their family's expense) in a hospital at any point for medical services and treatment or, if no hospital is available, to place him/her in the hands of a medical doctor for treatment. If it is impossible to contact a doctor, the officer or agent may make whatever arrangements they deem necessary.

Child's allergies: \_\_\_\_\_

Child's medications: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Policy/Group Number: \_\_\_\_\_  
Name of Insured Party: \_\_\_\_\_

*If unable to contact said parent/legal guardian in the event of an emergency, contact the following:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date