



## Permission/Authorization Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

\_\_\_\_\_ I have fully disclosed to First Baptist Forney all pertinent facts and medical conditions about my child's special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I understand that no medication will be administered to my child by any FB Forney staff member (paid or volunteer). It is my (the parent/legal guardian) full responsibility to administer all medications and medical procedures prior to or during the service and or special event.

\_\_\_\_\_ In case of an emergency or accident, I understand that the Forney EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital charges, and/or physician fees for emergency services to my child.

\_\_\_\_\_ I (will) or (will not) be supplying FB Forney with personal equipment for the sole use of assisting my child with their needs during service.

\_\_\_\_\_ I release FB Forney and its staff members, both paid and volunteer, from any and all liability in the event any personal equipment used for my child is damaged or broken in any way.

\_\_\_\_\_ I hereby grant First Baptist Forney permission for photography and/or videography to be used in church sponsored communications (for example, newsletters, brochures, worship folders, video productions, advertisements, etc.)

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Legal Guardian)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Legal Guardian)

Child's Name: \_\_\_\_\_