**St. John First Missionary Baptist Church**

2044 Brown St. Fort Myers, FL 33916

Phone: 239-334-0591 Fax 239-334-7564

Dr. Leon Williams –Senior Pastor

**ADULT CONSENT FORM**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) give consent for myself to participate in the church trip/function, including related travel to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the event of any medical emergency I hereby authorize the supervising adult(s) to act on my behalf to consent to emergency medical treatment. I accept full responsibility for all medical cost. I also understand that under the laws of the State of Florida my Personal Injury Protection (PIP) coverage under my personal automobile policy and /or other health or medical insurance coverage carried by me will be the primary sources for payment of medical cost and expenses for any bodily injuries sustained by my child.

I release from my personal liability all persons acting for or on behalf of St. John First Missionary Baptist Church, Inc. who are authorized as supervising adults for this trip/function. I also release from any liability St. John First Missionary Baptist Church, Inc. as allowed by applicable laws.

In case of any emergency during this trip/function please contact:

Alternate Emergency Contact Person (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact Person's Name & Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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

State of Florida

County of Lee

Sworn to or affirmed and signed before me on \_\_\_\_\_\_\_\_\_\_\_\_\_by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is\_\_\_\_\_\_ personally known to me\_\_\_\_\_\_ produced identification (type of identification produced)

Notary Public Signature

Print, Type or Stamp Commissioned Name