St. John First Missionary Baptist Church

2044 Brown St. Fort Myers, FL 33916

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

**CONSENT BY PARENT/GUARDIAN FOR MINOR CHILD TO PARTICIPATE IN A CHURCH TRIP/FUNCTION**

I,(print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am the parent/guardian of

(print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for my child to participate in the church trip/functions during the \_\_\_\_\_\_\_year**.**

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.

I faithfully understand that my child is required to exhibit good behavior and show respect for their chaperones as well as their peers, and I have instructed my child about this requirement.

In case of any emergency during this trip/function I can be reached as follows:

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Parent/Guardian 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

 Print, Type or stamp commissioned name