

First Baptist Church Family Life Center
 109 South Wilmington St, Raleigh NC 27601 Phone
 919-832-1649

Email: officeadmin@raleighfirstbaptist.org

Parent Release Form for Vacation Bible School

Wednesday 06/10/2026 – Friday 06/12/2026

5:30 PM – 8:15 PM

Complete One Form for Each Child



1 Student Information

Please Print

First Name	Last Name	Gender	D.O.B.	Age
Email:			Cell:	
School:			Grade:	

2 Parents/Guardian Information

Name:	Cell:	Email:
Home Address		
City	State	Zip

3 Emergency Contact

Name	Relationship	Cell
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4 Medical Information

Allergies (Please be aware that we are not a peanut free building)	Any doctor prescribed EpiPen must always be with your child. Does your child use an EpiPen? <input type="checkbox"/>
Chronic Illness or Disability (We do not administer medication)	
<p>Note: If your child is running a fever or is ill, please keep him/her home until they are well.</p> <p>In case of a medical emergency, 911 will be called</p>	
<p>First Aid and Emergency Medical Treatment</p> <p>I recognize that there may be occasions where the child, named above, may need first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of First Baptist Church to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.</p>	

5 Parent's Consent

1. Release of Liability:

By signing this Children's Church/Sunday School Registration Form, I expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church and its ministers, leaders, employees, volunteers, or agents from liability. I further agree to indemnify and hold harmless First Baptist Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

2. I understand and give my consent for pictures of my child to be posted in the church building and on social media.

3. As a parent, I recognize God's command to teach the children and will assist in researching, planning and providing supportive activities in cooperation with other parents, for the children of the Children's Church/Sunday School Ministry

4. Parent/Guardian Authorization

By signing below, I represent that I am the parent or guardian – and if divorced that I have custody – of the above named-Minor Child. I have carefully read the terms of this Children's Church/Sunday School Registration Form. By my signature, I am stating that I understand, agree to, and accept all of its provisions, and understand that I am giving away substantial legal rights for both myself and for my child. I agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's medical status, etc.

Signature of Parent/Guardian

Date