



Youth Permission Slip



For Activities with First Baptist Church of Bellville
4099 HWY 36 N
Bellville, TX 77418-2725

Office-(979) 865-3644—Student Minister-(903) 780-1099

I give permission for my child _____ to participate in the planned activities with the First Baptist Church of Bellville Youth Group designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning youth activities and will take reasonable actions as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly manner and will cooperate with decisions made by the adult chaperones.

Activities: FBC BELLVILLE'S DNOW YOUTH EVENT

Dates: JANUARY 30TH – FEBRUARY 1ST, 2026

Times: 1/30/26 @ 6:30 P.M. – 2/1/26 @ 12:00 P.M.

Location: FIRST BAPTIST CHURCH, BELLVILLE, TX (4099 HWY 36 N. BELLVILLE, TX 77418)

I have read and understood the conditions described above and give permission for my child to participate in this youth group activity.

(If riding the First Baptist Church of Bellville Church Bus)

I give my son/daughter _____ my permission to ride the Church provided vehicles for youth related activities: and release First Baptist Church of Bellville from any damages which may result due to accident or injury. I, the undersigned, hereby authorize a representative of First Baptist Church of Bellville to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Signature of Youth (If over 18)

Date

Signature of Parent/Guardian (print)

Date

Primary Phone _____ Secondary Phone _____

Medication Form: (For Students Needing Help With Their Medication)

I the parent/guardian consent to allowing a First Baptist Church of Bellville volunteer/staff to hold any medication of my child, and understand that this medicine is not being withheld, but being protected. I, hereby, give permission for any volunteer to distribute my child’s medicine, to my child, as necessary.

Name of Youth _____ Age _____

The volunteers are carrying the following prescription and over-the-counter medicines with them and have my permission to self-administer these medicines.

Medication	Dose	Frequency

Note: Please send all medications in original containers when possible. If this is unavailable, all medications should be in a container labeled with administration information and the youth’s name.

Other medical concerns and/or allergies that the First Baptist Church of Bellville volunteers should be aware of during this trip: (please include any allergies to medicine as well)

Parent/Guardian

Date