

# FAR SIDE YOUTH Parental Release Form

I hereby give permission for \_\_\_\_\_  
to attend the Silverton First Baptist Youth Ministry Event  
\_\_\_\_\_ and participate in its activities.

I also give permission for emergency medical treatment to be  
administered to my child, and for medical treatment decisions to be  
made by the youth leaders on this event. I understand that attempts  
will be made to contact me in the event of an emergency. I also  
hold harmless Silverton First Baptist Church and the staff and  
leaders involved in this event.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Relationship(s) to Student: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

ID/Group #: \_\_\_\_\_

**Silverton First Baptist Church**  
229 Westfield Street  
P.O. Box 1800  
Silverton, OR 97381  
503-873-6181

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