

# First Baptist Church Kids' Kamp 2026 Medical Release Form

Student's Name: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Allergies to Food: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

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

Insurance Company Phone: \_\_\_\_\_ Policy #/Group #: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to attend and participate in First Baptist Church's Kids' Kamp, **July 13 through 17, 2026** at the Ponderosa Bible Camp in Mentone, Alabama. We do hereby release, waive and discharge any and all liability whatsoever past, present or future, rising from any injury or damages whatsoever to my child or cause of action accruing or occurring to my child for any injury, damages or claim which occur or accrue during this trip. Further, we do agree that First Baptist Church may secure medical attention for health care for my child when in the opinion of the responsible church officials, such attention or care is desirable or necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**First Baptist Church Montgomery, Alabama  
Children & Student Ministry Scholarship Form**

To fulfill our mission to *“Bring them in, Build them up, and Send them out,”* First Baptist Church offers scholarship assistance through the FBC Foundation for students seeking financial support to participate in FBC-sponsored camps and choir tours. This form makes the process of obtaining financial help easier for those with demonstrated financial need. All information will be kept strictly confidential.

Student Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event: \_\_\_\_\_

Total Cost for Event: \_\_\_\_\_

Financial Assistance Requested (please select one)

50% \_\_\_\_\_ 95% \_\_\_\_\_ other amount \_\_\_\_\_

Financial circumstances affecting your family, leading to this need for assistance.

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form at least 2 weeks prior to the event:**

First Baptist Church Foundation  
Attn: Alissa Parrish  
305 South Perry Street  
Montgomery, Alabama 36104