



Student Ministry Release Form

Name _____ Age _____ Birthday _____
Year in school _____ ☐ Male ☐ Female Parents email _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Student's cell (____) _____
Medical insurance company _____ Policy # _____
Mother's name _____ Home (____) _____ Work (____) _____
Father's name _____ Home (____) _____ Work (____) _____
Emergency contact _____ Home (____) _____ Work (____) _____
Relationship to student _____
Physician _____ Office phone (____) _____
Dentist _____ Office phone (____) _____
****Please include a copy (front and back) of your insurance card****

Medical Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot _____
- Does your child wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the child experienced during the last year:
Additional comments:
Should this child's activities be restricted for any reason? Please explain:

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

NAME OF STUDENT has my permission to attend all youth activities
sponsored by **FIRST BAPTIST CHURCH** (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. I/we also agree understand that as a Participant, my child I/my child may be photographed or videotaped during normal events or activities, and these photos/videos may be used in promotional materials or for use during future student ministry events/activities.

Parent/guardian signature _____ Date: _____

PHOTO PERMISSION RELEASE

PHOTOGRAPHS AND VIDEOS WILL BE TAKEN DURING MANY OF OUR STUDENT MINISTRY EVENTS. THESE ARE USED FOR FUTURE EVENT PUBLICITY, PICTURE COLLAGES TO COMMEMORATE AN EVENT, AND IN SLIDESHOWS AND VIDEOS TO CELEBRATE AN EVENT. PARENTAL PERMISSION IS NEEDED FOR STUDENTS 18 YEARS OLD AND YOUNG TO BE PHOTOGRAPHED AND FILMED.

PERMISSION IS GIVEN TO BE PHOTOGRAPHED AND FILMED.

PARTICIPANT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

