

## CHURCH CONSENT FORM

Dependent Name
Relationship
Address
City State Zip
Home Phone
Date of Birth
Social Security #

Parent / Guardian
Work Phone
Address
City, State, Zip
Home Phone
Doctor's Name
Office Phone
Emergency Contact – if parent/guardian cannot be reached
Emergency contact Home
Phone Address
City, State, Zip
Work Phone
Hospital Preference
Insurance Info – Attach copy of front and back of card
Insurance Company
Group Number
Group Name
Insured's Social Security #

THIS FORM MUST BE NOTARIZED IN ORDER FOR  
YOUR YOUTH TO TRAVEL AND PARTICIPATE IN  
THE \_\_\_\_\_ BAPTIST CHURCH  
YOUTH MINISTRIES. THANK YOU!

\_\_\_\_\_  
Signature of parent/guardian in presence of Notary Public      Date

\_\_\_\_\_  
Signature of Notary Public      Date

Health History Please list any Special Medical Conditions  _____ _____
Last Tetanus Shot _____
Medications to be taken (list with directions) _____ _____
Medication Allergies? List if any _____ _____
May be given as necessary:  Aspirin      Yes _____ No _____ Tylenol      Yes _____ No _____ Ibuprofen    Yes _____ No _____
Any Specific Activities  Encouraged _____  Discouraged _____
I hereby give consent in advance to the designated Youth Leaders of _____ Church and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of _____ will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.
I release all Youth leaders and staff affiliated with _____ from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.
Notary Seal

## TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial \_\_\_\_\_

## DISCIPLINE RELEASE

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial \_\_\_\_\_

## INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

## PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial \_\_\_\_\_

## GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, \_\_\_\_\_, being the legal guardian of \_\_\_\_\_ give my permission for him/her to participate in church sponsored activities.

Date \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_