



YOUTH MINISTRY RELEASE & CONSENT FORM

Participant's Information

Student's Name _____

Gender _____ Grade _____ Date of Birth _____

Address _____

Parent or Guardian Name(s) _____

Primary Email _____

Primary Phone # _____ Secondary Phone # _____

Medical Information

Physician/Practice _____ Phone # _____

Insurance Co _____ Policy # _____

Phone # _____

- Does this student have any of the following allergies?

- Penicillin [] Yes [] No Other/List: _____
- Other Drugs [] Yes [] No _____
- Insect Stings [] Yes [] No _____
- Ivy Poisoning [] Yes [] No _____
- Hay Fever [] Yes [] No _____
- Food(s) [] Yes [] No _____
- Other [] Yes [] No _____

- Does this student have any medical or health problems, and has this student had any chronic or recurring illness, which might affect the student's participation in church activities?

[] Yes [] No

If yes, describe the problem(s) or illness(es).

- Is this student currently on any medication(s)? [] Yes [] No

If yes, please list the medication(s):

- Describe any dietary restrictions this student is required to observe:
- Person(s) to contact in case of an emergency—if unable to reach parent/guardian:

Name _____ Phone # _____

Name _____ Phone # _____

Notice: If student is currently taking medication(s), he/she must be able to self-medicate, or the student's parent/guardian must provide and dispense them. Church volunteers are not permitted to measure doses or administer any medications. If the student is able to self-medicate, he/she will bring all such medications necessary, and they should be clearly labeled. The student will turn all medication(s) over to a supervising adult designated to keep medication(s). The student will return the remaining medication(s) to the adult after he/she self-medicates.

Transportation Consent

Do you consent that the above named participant is allowed to travel with *FIRST BAPTIST CHURCH, DURHAM*, or its agents (the temporary custodians of the minor) in the transportation provided by *FIRST BAPTIST CHURCH, DURHAM*, or its agents (the temporary custodians of the minor)?

Yes No

Promotional/Social Media Consent

Does *FIRST BAPTIST CHURCH, DURHAM*, have permission to use photos of participant with no identifying information for promoting future church events, or for posting on official church social media accounts?

Yes No

Authorization for Emergency Medical Care to Minors

In case of an emergency, I understand that *FIRST BAPTIST CHURCH, DURHAM*, through the designated person in charge, will first attempt to notify me or the alternate emergency contact listed. In the event they cannot be reached, I hereby grant permission to the physician or hospital selected by *FIRST BAPTIST CHURCH, DURHAM*, or the person in charge, to provide medical treatment (examination, diagnosis, x-ray, treatment, anesthetic, etc.) for my child as deemed necessary and rendered by or under the general or special supervision of any licensed physician or medical staff of a licensed hospital. It is further understood that the undersigned will assume full financial responsibility for all expenses incurred for any of the foregoing services.

Signature of Parent/Guardian _____ Date _____

Relationship to Participant _____