Obedient, Worshiping, and Reproducible Disciples of Jesus Christ

Student Permission Form 2018-19

Authorization for Treatment/Release of Liability

I ___________________________________(name of parent or guardian), give my written permission for my son/daughter ______________________________, to participate in the various ministry related functions (on and off campus), trips, and/or activities sponsored by or attended by the Youth Ministry of Wakefield Central Baptist Church of Zebulon, NC, from **September 1, 2018 – August 31, 2019**. I hereby take full responsibility for the actions of my child and do hereby release from any liability, Wakefield Central Baptist Church of Zebulon, NC; the Youth Minister; any staff member; and/or any Adult Leader/Chaperone from Wakefield Central Baptist from any and all claims, demands, damages, injuries, costs, suits or causes of action past, present, or future, arising out of or caused by my child's participation in the Youth Ministry, this includes any accident in route during or returning from such activities. I hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services. We also acknowledge that there are expectations and guidelines for every student and adult in the ministry. In the event that the behavior of my child warrants appropriate disciplinary action, I understand that I am responsible for any and all transportation costs associated with returning my child home if I cannot make other arrangements to do so.

Insurance Information (Please Print)

Insurance Company and/or Group# ____

Policy Number ______________________________ Name of Participate ________________

Parent or Guardian's Names: ____

Address: ____

City:______________________________ State: _____________ Zip Code: ______________

Daytime Phone: ______-______-_______ Evening Phone: ______-______-_______

Mobile Phone: ______-______-_______ (mom) Mobile Phone: ______-______-_______ (dad)

(PLEASE COMPLETE REVERSE SIDE)

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If we are unable to reach you, please provide alternate contact:

Name: _________________________________ Relationship: _________________________

Home Phone: ______-______-_______ Mobile Phone: ______-______-_______

Physician's Name: ___________________________________ Phone: ______-______-_______

Dentist's Name: _____________________________________ Phone: ______-______-_______

Allergies/Other Necessary Medical Information or Conditions:__________________________

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Please Complete And Sign Below:

(Youth under 18 years of age requires parent/custodial signature)

Participant's Signature: _______________________________ Date: ____________________

Parent/Custodial Signature: ___________________________________Date: ______________