

Shelton First Baptist Church 2011/2012
Middle School – Junior High School – High School
Parent/Student Annual Consent and Medical Release Form

Note: this permission form will annually expire every August 31st.

Student _____ DOB ____ / ____ / ____ Age ____ Grade _____

Name of Parent(s) or Guardian(s) _____

Address _____ State _____ Zip _____

Phone #s (H) _____ (W) _____ (C) _____

e-mail _____

Emergency Contact _____ Relationship _____ Phone _____

Medical Information:

List medications your student takes for ongoing medical needs:

Does your youth have any allergies, asthma, diabetes, or anything else we may need to know about? Please explain.

Does your youth have a physical handicap or illness that would prevent him/her from participating in normal or rigorous activity?

Yes _____ No _____ If yes, please explain _____

Family Doctor _____ Doctor's Phone _____ Blood Type _____

Insurance Provider _____ Policy Number _____

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Shelton First Baptist Church, and any other supervised activities associated with its youth group, including overnight, weekend, or multiday trips to include transportation. I understand these activities will have a Christian emphasis. Further, I certify that my youth is physically fit and adequately prepared for all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth director in writing.

Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize all paid staff of Shelton First Baptist Church to make emergency medical care decisions on behalf of my youth or another adult chaperone designated by me or the paid staff. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Shelton First Baptist Church, its paid staff, or adult chaperones will not be held responsible for accidental injury, death, as rare as it may be, or any such medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth director and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent(s) or Guardian(s)

Date

Student Participation Agreement:

I, as the participant, understand that while in attendance at the First Baptist Church events, I am under the direction and authority of those leaders in charge and agree to uphold their policies including the prohibition of illegal substances, fireworks, abusive and lewd behavior, and pornography. I am expected as a participant to be with the group at all times. The consequence of any variance of these policies may result in immediate expulsion ensuing with my parent(s) or guardian(s) to pick me up, at their expense. I have read this entire form and agree to its contents, and have discussed it with my parent(s) or guardian(s).

Youth Participant's Signature _____

Date _____

All participants must have a release form, signed by parents/guardians and themselves, on file to attend/participate. No exceptions.