

**Student/Child Medical Release & Permission Form
2018-2019 School Year**

CONTACT INFORMATION

Student/Child's Name _____ Age _____

Date of Birth ____/____/____ Female _____ Male _____

Street Address _____ Grade _____

City _____ State _____ Zip _____ School _____

My child will be participating in the following student/children's ministries: (Check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="radio"/> Sunday School | <input type="radio"/> Special Friends | <input type="radio"/> Tumbling with Mr Cory |
| <input type="radio"/> iGrow | <input type="radio"/> AWANA | <input type="radio"/> Camps/Retreats |
| <input type="radio"/> Middle or High School | <input type="radio"/> VBS | |

Mother's Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address (if different than student/child) _____

Father's Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address (if different than student/child) _____

ALTERNATIVE EMERGENCY CONTACT (other than parent)

Name _____ Relationship to student/child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship to student/child _____

Home Phone _____ Cell Phone _____ Work Phone _____

MEDICAL INFORMATION

Medical Insurance Company _____

ID # _____ Group # _____

Dentist _____ Office Phone _____

Physician _____ Office Phone _____

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Please be specific and detailed when completing the following medical statements!

1. My student/child has the following allergies:

2. My student/child has the following medical conditions (physical, psychological, disability, etc.):

3. My student/child is taking the following medications (list dosage and what the medication is for):

NAME OF STUDENT/CHILD: _____ has my permission to attend all student or children's ministry activities sponsored by Southgate Baptist Church (hereinafter the "Church") during the school year dated above.

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

I/We the undersigned have legal custody of the student/child 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 my occur during the course of my/our child's involvement.

In the event that he/she is injured and required 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 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 children home at my/our own expense should they become ill or if deemed necessary by student ministry's staff member.

This acknowledges that I received the booklet entitled "Parent Guidebook" and that I am responsible to read and abide by the policies and procedures in the booklet.

Parent/guardian signature: _____ **Date:** _____

Photo authorization (Choose one):

- Photos/video may be taken of my child for the use of promoting the vibrant life of Southgate on the church website, Youtube, Facebook and any and all advertising media.
- Photos/video MAY NOT be taken of my child.

Parent/guardian signature: _____ **Date:** _____