

CONSENT FORM

Please note that the information on this form is for the sole use of the youth leaders and is not available to any other individual or groups. This means that we will NOT disclose any of the following information to another individual without your permission.

STUDENT DETAILS

Name: _____ Date of Birth: ___/___/___/

Address:

Sex: Male / Female (Circle Appropriate)

Email Address: _____

Phone Number: () -

EMERGENCY CONTACT DETAILS

In the event of an emergency relating to your son/daughter please provide information below with which we can use to contact you.

Contact 1: _____ Contact 2: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

MEDICAL INFORMATION

Are there any medical conditions (i.e.) allergies, epilepsy, asthma, diabetes, travel sickness, etc.) of which we should be aware?

Please list any medications the student is currently taking.

Any medications should be handed in to the student pastor/primary adult leader and it will be supplied as needed. If the medication needs to be carried by your student, this must be agreed upon with the organizers. All information will be kept confidential. We cannot accept responsibility for any information not declared.

Over-the-counter Medication Permission: Do you give permission for your student to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while your student is at this event?

(Please check one)

___ NO. Contact me or get medical help if my child has any minor medical concerns.

___ YES. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Please give any details of special dietary needs we should be aware of (e.g. food allergies).

Please list other pertinent information about your student (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

I, the parent of guardian, give the student permission to attend and participate in this activity. I understand that every care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that, in the event of the student's behavior adversely affecting the safety of the student, his or her peers, and/or the event itself, the organizers reserve the right to return my child home.

Name: _____ Signature: _____ Date: _____

TRANSPORTATION CONSENT

Student's Name: _____

By filling out and signing this portion of the consent form, you are giving your student permission to ride with a youth leader or approved driver to and from this event. **Students are never to ride alone (one-on-one) with an adult leader. Students are required to wear seatbelts at all times.**

Name: _____ Signature: _____ Date: _____

Please read and review the following statements. By signing below, you are stating that you have read, understand, and agree to the following.

LIABILITY RELEASE: In consideration of First Baptist Charleston allowing the participant to participate in student ministry events, I, the undersigned, do hereby release, forever discharge and agree to hold harmless First Baptist Charleston, its pastors, directors, employees,

volunteers and teachers (collectively herein "the Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved in student ministry activities - including activities away from the church premises. Furthermore, I , on behalf of my minor participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify First Baptist Charleston for any liability sustained by First Baptist Charleston as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for your youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Name: _____ Signature: _____ Date: _____