

First Baptist Charleston
Emergency Contact and Medical Release
48 Meeting Street, Charleston, SC 29401

Name of Student:
Name of Parent or Legal Guardian:
Street Address:
City: State: Zip Code:
Phone Number: Work Phone:
Name of Emergency Contact:
Phone Number for Emergency Contact:
Emergency Contact's Relationship to Student:

PARENTAL PERMISSION

I hereby give permission for this student to participate in church activities of First Baptist Church, Charleston, SC. This includes all sponsored activities on or off of the Church property (including any and all activities involving travel and/or lodging) unless otherwise stated. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to the safety guidelines at all times. This permission shall remain in effect until August 1, 2021, unless terminated in writing. I hereby give permission for this student to ride in any vehicle designated by the adults in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over the age of 18 and approved by First Baptist. In addition, I understand that my child may be photographed or recorded on video during the course of youth ministry events. By signing below, I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of the student ministry or church.

Parent or Legal Guardian Signature

Date

MEDICAL TREATMENT AUTHORIZATION

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 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 understand I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the approved First Baptist chaperone in charge to obtain any necessary medical attention in case of sickness or injury to my child. I understand the First Baptist chaperones will not be responsible for medical expenses incurred solely on the basis of this authorization. I hereby release and discharge First Baptist and appointed student ministry leaders and chaperones from any and all claims, demands, actions, or causes of action, past, present or future arising out of damage or injury while participating in church-sponsored activities.

I further agree to notify the student pastor of any health changes that would restrict my student's participation in any normal student activities. I also understand that the student pastor and designated chaperones reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Parent or Legal Guardian Signature

Date

