

YOUTH PERMISSION / MEDICAL INFORMATION

Students

_____ has my permission to participate in ALL Youth & *Vocare* activities, retreats, camps, mission trips, ski trips, weeknight & Sunday evening events and Sunday school during **August 1, 2023 – August 31, 2024** that are sponsored by First Baptist, Greenville, South Carolina.

Youth DOB _____ / _____ / _____ Age _____

School _____ Grade _____

Youth cell phone# _____

Youth email _____

Youth T-Shirt Size _____ (adult sizes)

Mailing Address: _____

IN CASE OF EMERGENCY:

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

If Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Cell #: _____ Other: _____

MEDICAL INFORMATION

Knows how to swim Y N

Tetanus shot up to date (include date) _____ Y N

Any reaction to insect bites/stings Y N

Asthma Y N

Any reaction to sun/sunburn Y N

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone # _____

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

I certify that the above information is true and correct to the best of my knowledge and will make the Youth Ministry staff of First Baptist Greenville aware of any changes.



Parent or Legal Guardian

Date

Please read and complete Medical Waiver/Authorization, Photography Consent and have this form Notarized on reverse side.

REVISIED: 7/26/2023

CONSENT WAIVER AND MEDICAL AUTHORIZATION

RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation of Youth name _____ in the Church sponsored activity described in the accompanying **CONSENT FORM, MEDICAL INFORMATION & COVENANT** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against First Baptist Church, Greenville, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**. This release specifically covers and **releases** any and all claims against First Baptist Church, its ministers, employees, and Church members for their own negligence.
2. I agree, and I hereby bind my estate, to **indemnify** First Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**, including any costs or attorneys' fees which are incurred by them.
3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.
4. I further authorize First Baptist Church, its ministers, staff, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse First Baptist Church for this medical care.



Parent or Legal Guardian

Date

PHOTO PERMISSION

I grant permission for my child's photo and name to be used on FBG's website and other media outlets.



Parent or Legal Guardian

Date

NOTARIZED PERMIT

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public in and for the County of _____, and the State of _____.

My Commission Expiration Date

Signature of Notary Public



Sponsoring Staff Members:

Mary Carol Anderson, Minister of Youth and College
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