

Resurrection Student Ministry Permission/Release Form

PLEASE SIGN AND RETURN TO THE RESURRECTION STUDENT MINISTRY TO GRANT YOUR CHILD(REN) PERMISSION TO PARTICIPATE IN EVENTS & RIDE CHURCH TRANSPORTATION



I do hereby give my consent for my child to participate in activities/outings/or events, including those overnight, in San Antonio and the state of Texas. I understand that this form gives my full permission for one (1) year beginning with the date I enter in the form below. I have instructed my child on his/her conduct and responsibilities. I understand that if my child fails to comply with the rules established by the activity leaders, I will be notified and may possibly be required to provide return transportation of my child earlier than the expected return from the activity/event/outing.

I hereby release Resurrection Baptist Church, its leaders, and organizers from all liability from personal injury to my child, as a participant and/or spectator. In the event all reasonable attempts to contact me have been unsuccessful, I give consent for immediate medical treatment as required, in the judgment of health professionals, while my child attends youth ministry sponsored activities. I further understand that this form must be signed and returned to the RBC Activity Leader/Organizer before my child may participate in any recreational activities.

STUDENT SECTION

The undersigned student(s) agree to follow the instruction of the leadership and volunteers when riding in church sponsored transportation.

STUDENT'S NAME _____ AGE: _____

STUDENT'S NAME _____ AGE: _____

STUDENT'S NAME _____ AGE: _____

PARENT/GUARDIAN SECTION

I have read and understand the regulations and responsibilities of students riding the church bus and agree to assume full responsibility for my child's conduct on the bus. **PLEASE PRINT!**

Parent/Guardian Name

First _____ Last _____ Rel. to child _____

Cell # _____ Home # _____ Email _____

Parent/Guardian Signature _____ Date _____

NO STUDENT WILL BE CONSIDERED FOR PERMISSION TO ATTEND A RESURRECTION STUDENT MINISTRY OUTING OR OFF-SITE EVENT UNLESS HIS OR HER FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED.

Permission/Release Form Please Do Not Leave Any Blanks. If not applicable state N/A or No

PHYSICIAN:

Name* _____
First Last

Address* _____
Street Address City State ZIP Code

Phone _____

MEDICAL INSURANCE COMPANY

Company Name _____

Policy Number _____ Group Number _____

Policy Holder _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Child / Allergies: _____

Medication presently taking: _____

Physical Impairments: _____

Other pertinent facts to which physicians should be alerted: _____

In case of emergency we will do our best to contact you; however, if you are not available at the above numbers, who may we contact?

1st Choice*
Name* _____ Ph. # _____ relation to child _____

2nd Choice*
Name* _____ Ph. # _____ relation to child _____

*Do you give permission for your child to receive Tylenol, Aleve or Motrin as determined necessary? Please Circle one: Yes No