# Bonhomme Presbyterian Church

14820 Conway Road | Chesterfield, MO 63017

## Student Ministry Student Information Form and Parental Consent Form

**Student Information:**

Student: _____ Birthdate: _____ Gender: M/F (Circle One)
Address: _____ City: _____ State: _____
Zip: _____ Student Cell Phone: _____ Student e-mail: _____

**Parent/Guardian Information:**

Parent Name: _____

Email: _____ Cell: _____

Parent Name: _____

Email: _____ Cell:_____

**Emergency Contact Information:**

Name: _____ Cell: _____

Name: _____Cell: _____

**Medical Information:**

Medical Insurance Provider_____ Policy#_____

Please list any allergies or medical conditions or health concerns that we need to be aware of:

_____

_____

_____

**Parental Consent to Medical Treatment:**

My signature below indicates that I understand that in the event my student requires medical treatment while under supervision of Bonhomme staff, reasonable efforts will be made to contact me or my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Bonhomme staff or any adult leader acting on behalf of Bonhomme, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care as an outpatient or in any hospital, including transportation by ambulance. To the best of my knowledge, I have listed all of my student's allergies, medications, health concerns and other pertinent information.

**Notification to Parents of Hold Harmless Agreement:**

My signature below indicates that I hereby give permission for my student to participate in activities organized by Bonhomme Church. I hereby release, hold harmless and absolve Bonhomme, its officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, single or collectively, from responsibility, loss, cost, damage and liability for or by reason of any illness, injury, death, misadventure, harm, loss or inconvenience suffered or sustained by my student in the activity.

**Notification to Parents of Behavioral Expectations:**

My signature below indicates that I understand and agree that my student may be sent home at my expense if it is determined that my student has engaged in disruptive behavior or broken any rules during the activity. Any damage to property or injury to others caused by my student will be the financial responsibility of the student's parent or legal guardian.

**Digital Image Notification:**

My signature below indicates that Bonhomme Church may use photos of my student in press releases, advertisements, print publications, electronic publications (including our website and Facebook) and/or television coverage of church activities.

**Digital Communication and Discipleship Notification:**

My signature below indicates that I grant permission for trained and back-ground checked volunteers and staff from Bonhomme Presbyterian Church to communicate digitally (i.e., emails, text, social media) with my child. Additionally, I grant permission for these volunteers and leaders to meet with my child in public settings, such as coffee shops, restaurants, or church, for the purposes of discipleship,

Parent Name: _____

Parent Signature: _____ Date: _____