



Beallwood Baptist Church Student Ministry
Medical Release & Permission Form

(This form may remain valid during the effective dates or until Dec 31 if left blank. A new form will be required yearly.)

Effective dates: _____ to _____

Student's full name: _____

Street address: _____

City, State, ZIP: _____

Student's birth date: _____ Sex: M__F__ School & Grade: _____

Parent/guardian : _____ Phone: _____

Alternate contact/relationship: _____ Alt. Phone: _____

Medical ins. Carrier: _____ Group/Contract# _____

Primary Care Doctor: _____ Phone: _____

Any conditions to be aware of? No Yes (LIST HERE) _____

(Please attach a copy of your card)

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
Students may NOT drive, unless parents have informed the church/youth pastor
No fighting, profanity, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected
Respect property, one another, adult leaders, and event schedules
Pranks will NOT be tolerated
Use of electronics (including cell phones) may be restricted during some events/activities

Students who refuse to comply with these expectations and rules of conduct may be sent home at their parents' expense.

I, the student, have read the rules of conduct and the limitations filled out by my parent/guardian, and agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

I, the undersigned, as the parent or legal guardian of (student) _____
hereby give my consent for my minor child to participate in activities sponsored or hosted
by Beallwood Baptist Church.

I ask that my minor child is to be excluded from the following activities:

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I give permission to the group leaders to obtain and authorize any reasonable medical treatment by a licensed physician in the event that I cannot be reached in an emergency. In the event that treatment is required, I acknowledge that I will be responsible for the costs of any medical care. I further agree not to hold Beallwood Baptist Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by my minor child.

Signature of parent/guardian: _____ Date signed: _____