



2026-2027 Medical Release & Permission Form

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Today's Date _____

Effective dates: August 1, 2026 to July 31, 2027

Student Name _____ Age _____ Birthday _____
LAST FIRST M.I.

Current grade in school _____ Current school _____

Parent's email _____ Shirt Size _____

Home address _____ City _____ State _____ Zip _____

Home Phone _____ Student's Cell _____

Medical Insurance Co. _____ Name on Policy _____

Insurance Phone number _____ Policy # _____

Doctor's Name _____ Doctor's Phone _____

Mother's Name _____ Preferred Phone _____

Father's Name _____ Preferred Phone _____

Emergency Contact _____ Preferred Phone _____

Medical History

List any current medications the student is taking _____

List any known allergies (food or medicine) of student _____

Last date of tetanus shot _____

List any other medical issues we need to be aware of _____

Should this student's activities be restricted for any reason? Please explain:

We expect each student to respect and comply to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or vapes
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No public display of affection (PDA)
- No pranks or getting into others belongings
- No student can drive other youth for church sponsored events
- Participation with the group
- Respect the property
- Respect one another, staff, and adult leaders
- Respect and comply with all event schedules and rules

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct and agree to abide by the guidelines set by Believers Southern Baptist Church (hereinafter "BSBC" or the "Church")

Student signature _____ **Date** _____

My student, _____ has my permission to attend all BSBC student
NAME OF STUDENT

ministry sponsored activities from August 1, 2026 to July 31, 2027. I give permission for my student to be transported to and from all church sponsored activities in church owned, rental, or private vehicles. I understand the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits. I understand that the church and/or its sponsors are not responsible to personal belongings, whether lost, stolen, or broken.

Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to the Student Pastor prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student. It also gives the Church permission to display, broadcast, or publish photographs/videos to advertise and promote any and all areas of the Church with no form of compensation.

The undersigned give our consent for the student named above to attend events being organized by the Church. The undersigned realizes that there are inherent risks involved in any activity and hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during my student's involvement. *I also agree to bring my student home at my own expense should they become ill or if deemed necessary by the staff and volunteers of BSBC.*

Parent/Guardian signature _____ **Date** _____