

FREEDOM STUDENTS PERMISSION/WAIVER FORM

Student's Name (please print): _____ Date of Birth: _____

Student's Current Address: _____

Parent(s) and/or legal guardian(s) of student: _____

Parent's Address (if different than above): _____

Phone Number 1: (_____) _____ Phone Number 2: (_____) _____

Student's School: _____ Student's Grade: _____

EMERGENCY CONTACT

In the event that the Parent(s)/Guardian(s) of the student cannot be reached, who should we contact regarding your student?

Emergency Contact Name: _____ Phone Number: (_____) _____

LIMITED POWER OF ATTORNEY FOR MEDICAL EMERGENCIES

In case of an emergency, I, the undersigned, understand that every effort will be made to contact me immediately, should medical care be necessary for my student. Therefore, I hereby give an adult with **Freedom Fellowship, Inc.**, and/or qualified medical personnel limited power of attorney to act on my behalf in securing and administering necessary first aid or emergency medical care and treatment for my student. I also release all sponsors, staff, counselors, and members of **Freedom Fellowship, Inc.** from any responsibility, liability, and medical payments in acting on my behalf in this regard. This form will remain in effect from January 1, 2024, to December 31, 2024, while my student is a participant in the **Freedom Fellowship, Inc.** Student Ministry. I understand that this form will be kept on file at the church and a copy is carried on all trips and outings. All information is confidential and will only be released to leaders in charge of my student and appropriate medical personnel.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR PUBLICITY

During the course of events or activities, **Freedom Fellowship, Inc.** takes photos and/or videos of students involved in church wide or student ministry activities. I, the student's Parent/Guardian, consent to these photos and/or videos of my student (listed above) being used by the church on social media, flyers, and/or by any other means the church sees fit.

I **GIVE** permission for publicity _____
InitialI **DO NOT GIVE** permission for publicity _____
Initial**RULES CLAUSE**

I, the Student (listed above), understand and agree to abide by all rules, guidelines, and regulations established by the event organizers and **Freedom Fellowship, Inc.** I recognize that failure to adhere to these rules may result in my removal from the event or activity without refund, and may also result in additional consequences as determined by the event organizers or church leadership.

I, the Parent/Guardian, acknowledge that if my student is suspected of violating the rules and subsequently found guilty, they will be treated with grace and mercy, but will still be subject to the consequences of their actions. Such consequences may include early dismissal from the event. I also understand that this does not alter the relationship dynamics between my student and the Student Pastor in any manner, shape, or form.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

MEDICAL INSURANCE INFORMATION**

Is your student covered under any major medical insurance policy? ☐ YES ☐ NO If "YES" Please fill out the following:

Insurance Company: _____ Insurance Company Phone: (____) _____

Policy/Group #: _____ Policy Holder: _____

Medical/Family Doctor: _____ Doctor's Phone: (____) _____

Any student participating in a Student Ministry event with **Freedom Fellowship, Inc. will be covered by major medical insurance. Should the need arise for medical attention; the parent or guardian's insurance carrier will be the primary insurance provider. If the student is not covered by any other policy, then **Freedom Fellowship, Inc.'s** insurance policy will cover the student during the course of the event.

MEDICINE INFORMATION

In the event that my student needs to receive prescription medicines, I give permission for my student to receive the following prescription medications, which will be administered only in accordance with the package's label. Please circle pills or mgs.

Medicine 1: _____ Dosage: _____ pill(s)/mg(s)

Medicine 2: _____ Dosage: _____ pill(s)/mg(s)

Medicine 3: _____ Dosage: _____ pill(s)/mg(s)

Please attach additional sheet for any additional medications.

I give permission for my student to receive "over-the-counter" medications on an "as needed" basis administered only as directed by the package's label. Please check any medicines, which should NOT be administered to your student:

☐ Acetaminophen (Tylenol) ☐ Ibuprofen (Advil) ☐ Triple Antibiotic Ointment (Neosporin Ointment) ☐ Diphenhydramine (Benadryl)

☐ Bismuth Subsalicylate (Pepto-Bismol) ☐ Loperamide (Imodium AD) ☐ Pseudoephedrine (Sudafed)

☐ List any other medicines NOT to be given: _____

PLEASE NOTE: An adult who is a chaperone must be made aware of any prescription medicine that is to be taken during a trip. Prescription medications must be in their original packages along with specifics of any dosage changes, which differ from the label.

ONGOING CONDITIONS

Please check any ongoing conditions that your student may have that we need to be aware of:

☐ Food Allergies (please specify): _____

☐ Drug Allergies (please specify): _____

☐ Environmental Allergies (please specify): _____

☐ Physical Limitations (please specify): _____

☐ Other (please specify): _____

PERMISSION SLIP

PLEASE READ THE FOLLOWING CAREFULLY:

I hereby certify that _____ is my student or legal ward and resides with me. I give
(Print Student's Name)

consent for him/her to participate in the student ministry activities of **Freedom Fellowship, Inc.** I understand that my student may be traveling by church van or bus, rental van or bus, or private vehicle driven by designated adults (over the age of 21) to said destination and back to the church. I also understand that all reasonable care will be exercised for the well-being of my student. I hereby release and hold harmless all sponsors, staff, agents, counselors, and members of **Freedom Fellowship, Inc.** from any responsibility for the results of accident, injury, or death during our current year (see "Limited Power of Attorney For Medical Emergencies"). Should it be necessary for my student to return home due to medical reasons, disciplinary action, or otherwise, **I, the undersigned, shall assume all transportation costs.**

Parent Signature: _____ Date Signed: _____