

GENERATION ONEIGHTY

Student Ministry Permission/Release Form

(Complete one for each child)

Permission Slip and Release Form for: All Student Ministry Activities for 2018

Name of Participant: _____

Address: _____ **City:** _____ **Zip:** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____ **Gender:** **M or F**

Parent(s) or Guardian(s) Name: _____

Home Phone #: _____ **Cell Phone #:** _____

Emergency Contact (Other than Parent/Guardian): _____

Home Phone #: _____ **Cell Phone #:** _____

Medical Insurance Company: _____

Billing/Claim Address: _____

Policy/Subscriber #: _____ **Group #:** _____

Primary Care Doctor's Name: _____

Over the Counter Medications

My child, _____ can be administered the following over the counter medication(s) for the appropriate symptoms, according to the directions: (place an 'X' next to the approved medications)

Acetaminophen (Generic Tylenol type for pain/fever)	Sudafed (decongestant)
Ibuprofen (Generic Advil type for pain/fever)	Throat lozenges for cough/cold
Meclizine (Generic Dramamine type for car sickness and dizziness)	Calamine Lotion (anti-itch cream)
Pepto Bismal (stomach upset)	Hydrocortisone cream (anti-itch cream)
Benadryl (allergy/antihistamine)	

The over the counter (OTC) medications will be purchased as needed. We will dispense any over the counter medications to youth as needed with your permission. If your child requires different OTC medication, please feel free to bring it, but understand that it will be collected and disbursed to your child as needed.

Parent/Guardian initial _____

Prescription Medications

If your child requires prescription medications, please indicate them below with the dosage.

Student's Name: _____ **Date of Birth:** _____

Medication(s) Name(s): _____

Instructions for administering prescription: _____

Please indicate below any medical needs the adult chaperones should be aware of:

- Allergies (include insects, food and/or medication):
- Any illnesses (asthma, cold, etc.):
- Any physical restrictions, personality changes, mood swings or depression over the past 6 months, we should be aware of?

To insure an outstanding Christian experience for everyone, we ask that the student read and follow the expectations:

- We expect for you to make wise, God-honoring choices (ex. - no possession of any drugs, alcohol, tobacco, weapons, or offensive music; no dangerous or harmful behavior)
- We expect for you to respect our adult teachers, chaperones, and volunteers.
- We expect for you to respect your peers in appropriate ways (ex. – no gossip, rudeness, public displays of affections, etc.)
- We expect for you to respect the church property and other facilities or property.
- We expect for you to avoid and put away any distractions that would hinder your attention for worship and teaching (ex. – Cell phones, iPods, etc.)
- We expect for you to avoid being a distraction yourself to those around you.

The student named above has my consent to participate on the above named trip with Malvern Hill Baptist Church and any organization that is utilized by Malvern Hill Baptist Church. I, the undersigned, have legal custody of the student named above, a minor, and have given our consent for him/her to participate on this trip. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the mission trip leader or church staff.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Malvern Hill Baptist Church and its pastors, employees, agents, and volunteer workers from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this trip. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this trip or while on property leased or owned by any of the Released Parties. I am aware of the risks associated with participation in the above trip and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/arbitration organization for binding resolution.

Parent or Guardian Signature _____ **Date** _____