

*Skidaway Island Baptist Church*  
**PARENTAL CONSENT FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child,  
\_\_\_\_\_, to attend and participate in activities  
sponsored by Skidaway Island Baptist Church on **January 1, 2020 - December 31, 2020.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Skidaway Island Baptist Church.

**Insurance Information:** *(Please attach a photocopy of Insurance Card)*

Participant's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any allergies or special medical problems your child may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Skidaway Island Baptist Church*  
**Annual Photograph and Social Media Release Form**

**Student Name:** \_\_\_\_\_  
(a separate form must be completed for each child)

**PHOTOGRAPH AND VIDEO RELEASE for January 1, 2020– December 31, 2020.**

Every year, the SKIDAWAY ISLAND BAPTIST CHURCH and NEXUS STUDENT MINISTRY uses photographs and videos of our students for a variety of projects and media. We have expanded our forms of communication to now include social media networks such as Facebook and Twitter.

Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below is a release, which allows you to indicate your preferences.

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**Photo Release:**

Please indicate below whether the Church and Student Ministry listed above has permission to use photographs, images, or video of your child.

Please check one:

- I **agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- I **agree** that photographs, images and/or video of my child may be used for any publications **EXCEPT:**
  - Facebook       Instagram       Twitter
  - Text Messages     Bulletin       External Publications
- NO, I **do not** want my child's photograph, image or video used in any way.

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**Social Media Contact:**

Please indicate below whether the Youth Group listed above and volunteers has permission to contact your teen via social media.

Please check one:

- I **agree** that the Youth Group listed above Youth Minister, Core Team Members, and Confirmation Team may communicate with my teen via all forms of social media.
- I **agree** that the Youth Group listed above Youth Minister, Core Team Members and Confirmation Team may communicate with my teen via all forms of social media **EXCEPT:**
  - Facebook       Instagram       Twitter
  - Text Messages     Bulletin       External Publications
- NO, I **do not** want the Youth Group listed above Youth Minister, Core Team Members, and Confirmation Team to communicate with my teen via social media

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Signature or Parent or Guardian

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Date