
Contact & Emergency Information

Please print clearly in blue or black ink

Name: _____ Age: _____ Birthday (MM/DD/YYYY): _____

Grade as of September 2017: _____ School: _____ Gender: _____

Address (incl. unit #): _____

City: _____ Province: _____ Postal Code: _____

Care Card Number: _____

Parent/Guardian's Name: _____ Phone: Home _____ Work/Cell _____

Parent/Guardian's Name: _____ Phone: Home _____ Work/Cell _____

Parent Email: _____

Student Email: _____

Student Cell Phone: _____ Can we send text reminders about events? Y N

Medical History

Parents, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this information in print on a separate form if needed. Include names of medications and dosages that must be taken if required during any or all Student Ministries events, meetings, classes, outings, camps, etc.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For the student's safety and our knowledge, is your student a:

Good Swimmer _____ Fair Swimmer _____ Poor Swimmer _____

2. Does the Student have allergies to:

Pollens ___ If so, please describe _____

Medications ___ If so, please describe _____

Food ___ If so, please describe _____

Insect Bites ___ If so, please describe _____

Other ___ If so, please describe _____

3. Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma _____ Heart Trouble _____ Diabetes _____ Epilepsy/Seizure _____

Physical Handicap _____ Frequent Upset Stomach _____ Anaphylactic Shock _____ Other _____

Additional Comments: _____

Student Agreement

For your information, we expect each student to conform to these rules of conduct while under Bethany Baptist Church's care:

- No possession or use of alcohol or drugs
- No fighting, weapons, fireworks, lighters, or explosives
- Respect property
- Respect peers, staff and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense where applicable.

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

Parent/guardian initial: _____

Parent Agreement

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

Information collected will be used for this student ministry and may be used for future contact in connection with Bethany Baptist Church to keep you informed of the available program options.

Pictures and videos of my child may be used for the purposes of student ministries, and may be used for the church program purposes. We will never share information about your children when using these photos online.

Parent/guardian initial: Yes _____ No _____

This consent form gives permission to Bethany Baptist Church to seek whatever medical attention is deemed necessary to treat any injuries or ailments that my child could encounter.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by Bethany Baptist Church. Activities may include, but are not limited to: camps, potlucks, trips to community businesses (Starbucks, 7-11, etc.), athletic games, full church games, swimming, concerts, Bible studies, Sunday programming and offsite day events. I/We understand that there are inherent risks involved in any ministry or athletic event including, but not limited to the following: Sprained or broken limbs, concussion, bruises, and cuts. In the event that my/our child 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 Bethany Baptist Church, I/we agree to hold such person free and harmless for any claims, demands, or suits for damages arising from the giving of such consent. I/we 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the staff of the student ministry program. I/we also agree to hold harmless and indemnify the releases from any and all liability for any property damage or personal injury to any third party resulting from my child's participating in the Bethany Baptist Church's Student Ministries Program.

Name of Child: _____ has my permission to attend all Bethany Baptist student ministry activities from **July 1, 2017 to August 31, 2018.**

Parent/guardian signature: _____ Date: _____

Please print name: _____

Student Ministry Witness: _____