

Crown Heights Baptist Church

Student Ministry Participation/Information/Consent Form

Students Name_____ Grade_____

D.O.B._____ School_____

Primary Parent/Guardian Name_____ Phone #_____

Address_____ Students Medical Care information

Telephone (home)_____ Physician's Name_____

Work_____ Cell_____ Address_____

Emergency Contact (to whom the student may be released if guardian is unavailable) Phone #_____

Name_____ Hospital Name_____ Town_____ Phone #_____

Address_____ Ambulance Service_____

Relationship_____ Home #_____ Telephone _____

Work #_____ Cell #_____ (Parents are responsible for all emergency Transportation charges.

Name_____

Address_____

Relationship_____ Home #_____

Work #_____ Cell #_____

Students Health Insurance Co. Name _____

Plan No./Name_____ Policy No./ID No._____

Subscriber's Name (On insurance card)_____ please attach a copy of card to this form.

Special Conditions, Disabilities, Allergies, or Medical Emergency Information _____

Parent/Guardian Consent to Student

As a parent/guardian, I consent to the participation of my child in all Crown Heights Baptist Church activities, including, but not limited to, Life Groups, Road Trips, Falls Creek, Leadership Retreat, and Missions Trips. As a parent/guardian, I consent to have my child receive first aid by church staff and sponsors, and if necessary in the judgment of church staff or sponsor (s), to be transported for and receive emergency care. I will be responsible for all charges not paid by insurance. I give consent for the emergency contact person listed above to act on my behalf unless I am available. This consent shall remain in effect until revoked in writing by me.

<input type="checkbox"/> Yes, I give consent the CHBC may use photos or video of my student in Church publications or on their web site	Media permission Please check one
<input type="checkbox"/> No, please do not post pictures of my student on CHBC publications or web site.	

Parent signature_____ Date_____