



Birchman Baptist Student Ministry 2025-26

Consent & Release Form

Effective Dates: August 1st, 2025 – August 31st, 2026

STUDENT INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Primary Address: _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Primary Phone: _____

Secondary Phone: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance Company: _____

Policy/Group ID#: _____ Policy Holder's Name (please print): _____

Allergies/Medical Conditions: _____

Medications: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child, _____
(child's name), to attend and participate in any Birchman Baptist student ministry activities, events, and retreats during the period of August 1st, 2025 – August 31st, 2026.

LIABILITY RELEASE: In consideration of Birchman Baptist Church allowing the Participant to participate in student ministry (Sunday worship, Sunday meeting, Wednesday night, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Birchman Baptist Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the student activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in student ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Birchman Baptist Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of student participant

Signature of student participant

Date

x_____

Name of parent/guardian

Signature of parent/guardian

Date

x_____

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

☐ **No.** Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

☐ **Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent signature _____

MEDIA RELEASE:

I, the undersigned parent, consent to my child, _____,
to be photographed/filmed while at any function hosted by Birchman Baptist Church.

I agree that Birchman Baptist Church shall have the right, but not the obligation to use my child's photograph, likeness (including caricature), for their website or social media at any time and for any purpose or materials the ministry deems necessary. The child's name will not be used with the photos.

Name of parent/guardian

Signature of parent/guardian

Date

_____ x _____