

Winn's Baptist Children/Youth Medical Release Form

Effective June 1, 2023 until May 31, 2024

Home Information

Address	City	State	Zip

Parent/Guardian Information

First Name	Last Name	Home Phone	Cell Phone	Email Address

If parent/guardian cannot be reached, please contact the following person.

Name	Relationship to child	Home Phone	Cell Phone

Child 1 Information

Name:	Birthday:	Age:	Gender: M/F	Grade:
Allergies/Medical Problems:				
Has your child been baptized?				

Child 2 Information

Name:	Birthday:	Age:	Gender: M/F	Grade:
Allergies/Medical Problems:				
Has your child been baptized?				

Child 3 Information**Name:****Birthday:****Age:****Gender: M/F****Grade:****Allergies/Medical Problems:****Has your child been baptized?****For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls' in boys sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules (Be on time to ALL scheduled events)

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

I, _____ (name of child), have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student/Child signature: _____ Date: _____

I, _____ (name of child), have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student/Child signature: _____ Date: _____

I, _____ (name of child), have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student/Child signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, kayaking, tubing, various water activities, basketball, roller-skating, roller-blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities

NAME OF STUDENT/CHILD

sponsored by WINN'S **BAPTIST CHURCH** (hereinafter the "Church") from June 1st, 2023 – May 31st, 2024

I hereby give my permission for the student named above to ride in any church-provided vehicle.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

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 being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. 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/we agree to hold such person free and harmless of 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 own expense should they become ill or if deemed necessary by the student ministries staff member. I/we understand that as a Participant, the student may be photographed or videotaped during an event, and these photos/videos may be used in promotional materials.

Parent/guardian signature: _____ Date: _____