



FIRST BAPTIST CHURCH YOUTH MINISTRY

118 E. EXCHANGE STREET * SPRING LAKE, MI 49456, Phone: 616.842.1974

MEDICAL/TRAVEL/PHOTO & CONTACT FORM

Effective dates: SEPTEMBER 1, 2020 to AUGUST 31, 2021

Please Print in Ink



CONTACT INFORMATION:

Name: _____ Age: _____ Birthday: _____
Last First Middle

Year in school: _____ Male ___ Female ___ Email: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Cell: _____ Work: _____

Mother's name: _____ Phone: _____
Number where you can be reached

Email: _____

Father's name: _____ Phone: _____
Number where you can be reached

Email: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____
City State Zip Number where you can be reached

Medical Insurance Company: _____ Policy #: _____

Primary Care Physician: _____ Office Phone: _____



MEDICAL HISTORY:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer

2. Does your child have allergies to—
 pollens medications food insect bites
If checked, please list medications and reactions If checked, please list foods and reactions

3. Does your child suffer from, or has ever experienced:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

4. If any ailments are checked in 3, is your student currently receiving treatment: Yes No

5. Date of last tetanus shot: _____

6. Does your child wear: glasses contact lenses other medical device: _____

7. Please list and explain any major illnesses the child experienced during the last year: _____

8. Should this child's activities be restricted for any reason? Please explain: _____





STUDENT EXPECTATIONS:

Please Print Students Name: _____

- No possession or use of alcohol, drugs, or tobacco
- No stealing, fighting, weapons, fireworks, lighters, or explosives
- No promiscuous or inappropriate behavior or gestures
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect one another, staff, & adult leaders
- No students can drive to off-site events from the church without written parental permission each time
- No swearing or vulgar gestures
- No offensive or immodest clothing
- Participation in the group is expected
- Respect all property
- Comply with event schedules

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

I, the student, 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 Signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Other First Baptist Church activities include, traveling during the summer to off-site locations for youth group meetings.



COMMUNICATION WITH STUDENTS

The Youth Ministry regularly communicates digitally and in print about up-coming events, and the meeting calendar. These may occur outside of programmed ministry times. Additionally, social media and technology communications are often the preferred method of contact for teenagers. We intend to use these tools to help build positive relationships with the teen attending our ministries, as well as to make ourselves available for questions, advice, etc. Please mark each box below, by which we have your permission to interact with your student:

In Print Phone Text Messaging E-mail Social Media (such as Facebook)



LIABILITY & PHOTO RELEASE

_____ Has my permission to attend all youth activities sponsored by FIRST
Name of Student

BAPTIST CHURCH (hereinafter the "Church") from SEPTEMBER 1, 2020 to AUGUST 31, 2021.

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 acknowledged that we will be ultimately held 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 youth pastor or student ministries staff member.

I also authorize First Baptist Church to take photographs and videos of ministry activities, which may include me and/or my child, and further grant my permission for that media to be utilized for public promotional purposes by the Church. This permission is valid for the dates designated on this form.

Parent/Guardian Signature: _____ Date: _____

