

Baker's Grove Baptist Church  
3562 Earhart Road  
Mt. Juliet, TN 37122

## Permission Consent Form

### **Participant Information (All Participants)**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Parent/Guardian Information (if under 18 years of age)**

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: home or cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

### **Emergency Contact (All Participants)**

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

**PARENTAL CONSENT (IF UNDER THE 18YRS OF AGE)**

The undersigned does hereby give permission for my child \_\_\_\_\_  
(child's name)("Participant"), to attend and participate in any Bakers Grove Baptist Church  
children/youth ministry activities, events and retreats during the period of August 7, 2015 -  
December 31, 2016.

**LIABILITY RELEASE:** In consideration of Bakers Grove Baptist Church, allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Bakers Grove 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 children/youth activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/youth ministry activities, 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.

**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 Bakers Grove Baptist Church.

_____	<b>X</b> _____	_____
Name of youth participant	Signature of youth participant	Date
_____	<b>X</b> _____	_____
Name of parent/guardian	Signature of parent/guardian	Date

# MEDICAL INFORMATION

## PRIMARY CARE PHYSICIAN (ALL PARTICIPANTS)

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

## INSURANCE INFORMATION (ALL PARTICIPANTS)

Medical Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

## MEDICATION: (IF UNDER 18 YRS OF AGE)

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_

**MEDICAL CONDITIONS:(ALL PARTICIPANTS)** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL TREATMENT PERMISSION:(18YRS OR OLDER)** I authorize a member or adult leader of Bakers Grove Baptist Church, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to myself 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.

X\_\_\_\_\_

Adult Participant's Signature

\_\_\_\_\_  
Date

**Youth Participant's (or Adult Leader's) Statement:** By signing this form, I pledge to honor God and respect others during this activity. I understand that I cannot participate in the activity unless this completed form is on file.

X\_\_\_\_\_

Youth Participant's or Adult Leader's Signature

\_\_\_\_\_  
Date