



STUDENT RELEASE FORM

Effective January 1, 2018 through December 31, 2018

Student's Full Name _____ Gender _____
Address _____ Zip code _____
Home Phone _____ Date of Birth _____ Grade _____ School _____

Parent/Legal Guardian's Full Name _____
Parent E-Mail _____
Work Phone # _____ Cell Phone # _____
Parent/Legal Guardian's Full Name _____
Work Phone # _____ Cell Phone # _____
Other Emergency Contact _____
Relationship to Student _____ Phone # _____

Medical Insurance Company _____ Insurance Co. Phone # _____
Name of Insured _____ S.S. # of Primary Insured _____
Policy # _____ Group # _____
Rx ID # _____ Rx Group # _____

*****Please attach a copy of the front and back of your insurance card to this form*****

MEDICAL HISTORY:

Please list and explain any health problems or chronic medical conditions *(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 student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.)* _____

Please list and explain any major illnesses the student experienced during the past year: _____

Please list medications taken regularly _____

Please list any known allergies _____

Should this student's activities be restricted for any reason? Please explain: _____

Date of last tetanus shot: _____

Student's Physician _____ **Phone #** _____

Student's Dentist _____ **Phone #** _____



First Baptist Church La Grange expects each student to conform to these rules of conduct:

- No cell phones, iPods/tablets/mp3 players or gaming systems allowed on retreats or trips
- No students can drive without proper authorization
- No possession or use of alcohol, drugs, tobacco or pornography
- No fighting, weapons, fireworks, lighters, explosives, etc.
- 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 any and all property of other people and places
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

A student who fails to comply with these expectations may be sent home at his or her parent's expense.

_____ has my/our permission to attend all student activities sponsored by First Baptist Church LaGrange beginning January 1 2018 through December 31, 2018. We have completed the contact information, insurance information and the medical history information. My student and I have read the above rules of conduct and understand the expectations and consequences.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church La Grange (hereinafter "FBCLG") and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by FBCLG. I/We understand that my/our signature below carries with it the following:

- ✓ I/We are aware that activities may include participation in sporting/recreational events. *(Note: if you desire to limit your student's participation in any event, please submit your wishes in writing to the FBCLG Student Minister prior to that event.)*
- ✓ I/We give permission for the above named student to be transported to and/or from church-sponsored events and church-approved meetings by: A) church provided transportation (*cars, vans, buses, planes*) and/or B) adult driven transportation (*FBCLG Student Ministry Staff, adult volunteers*).
- ✓ I/We are aware that the FBCLG Student Ministry Staff and all Adult Student Ministry Volunteers have completed Child Protection Training in addition to a criminal background check and personal reference check prior to their involvement with students. We invite into ministry only those adults who a) have no previous convictions for sexual or physical abuse of children; b) for whom we receive positive responses from their references; and c) who meet our qualifications and ministry standards of the position for which they will be volunteering.
- ✓ I/We are aware that the FBCLG Student Ministry Staff and Volunteer Leaders contact students outside of youth activities for ministry purposes through text message and other forms of social media (ex: Facebook and Twitter). If you are uncomfortable with Student Ministry Staff or Volunteer Leaders contacting your student(s) via text or social media please contact Seth Gordon to discuss this further.
- ✓ I/We give permission for any videos or photographs taken of the above named student to be used on the FBCLG web site or in any FBCLG publication. No names will be used.
- ✓ In the event that the above named student is injured, or should require medical or dental attention while participating in a church-sponsored event, I/We hereby authorize the church representatives or sponsors of the event to secure necessary medical treatment for the above named student. I/We also acknowledge that I/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. 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 further understand that it is solely my/our responsibility to notify the FBCLG Student Ministry of any changes regarding the above named student's health, medical insurance, or guardianship information. I/We do hereby specifically release, waive, discharge, and covenant not to sue FBCLG, its staff, volunteers, agents, and governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation of the above named student in a church-sponsored event occurring between the dates listed on this form. I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of FBCLG, I/we will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.
- ✓ I/We have read and understand this form, and hereby state that all information is true and correct. Unless terminated in writing, this release shall be effective January 1, 2018 through December 31, 2018 only.

Printed name of Parent/Legal Guardian

Signature

Date

******Please attach or send a copy of the front and back of your insurance card with this form to seth@fbclagrange.net******