

PARENTS

PLEASE READ FIRST

You may fill out this form prior to bringing to the church, but **DO NOT** sign the final page. You must sign it in the presence of a notary. The church will provide one but if you have access to a notary, you can sign and have them notarize the document.

CONNECT STUDENT MINISTRIES

at First Baptist Church of Hayden

Annual Information, Medical Release and Permission forms

August 1, 2018 – August 31, 2019

CONNECT STUDENT MINISTRY
FIRST BAPTIST CHURCH HAYDEN

08/01/18 - 08/31/19

STUDENT NAME _____

STUDENT CELL # _____

GRADE _____ **DOB** _____ **MALE** **FEMALE**

ADDRESS _____ **CITY** _____ **STATE** _____

HOME PHONE _____ **ZIP CODE** _____

MOTHER'S NAME _____ **CELL #** _____

WORK PHONE _____ **HOME #** _____

Would you like information about Connect Students sent via text? _____ **YES** _____ **NO**

FATHER'S NAME _____ **CELL #** _____

WORK PHONE _____ **HOME #** _____

Would you like information about Connect Students sent via text? _____ **YES** _____ **NO**

GUARDIAN'S NAME _____ **CELL #** _____

WORK PHONE _____ **HOME #** _____

RELATIONSHIP TO STUDENT _____

Would you like information about Connect Students sent via text? _____ **YES** _____ **NO**

EMERGENCY CONTACTS:

NAME _____ **CELL #** _____

RELATIONSHIP TO STUDENT _____ **HOME #** _____

NAME _____ **CELL #** _____

RELATIONSHIP TO STUDENT _____ **HOME #** _____

**CONNECT STUDENT MINISTRY
FIRST BAPTIST CHURCH HAYDEN**

08/01/18 - 08/31/19

STUDENT NAME _____

MEDICAL INSURANCE:

Social Security # _____

PRIMARY

CARRIER _____

POLICY # _____

SUBSCRIBER NAME _____

GROUP # _____

SECONDARY

CARRIER _____

POLICY # _____

SUBSCRIBER NAME _____

GROUP # _____

DENTAL INSURANCE:

CARRIER _____

POLICY # _____

SUBSCRIBER NAME _____

GROUP # _____

PRIMARY CARE PHYSICIAN:

NAME _____

PHONE # _____

SPECIALIST:

NAME _____

PHONE # _____

TYPE OF PHYSICIAN _____

DENTIST:

NAME _____

PHONE # _____

Does your student suffer from, has ever been treated for or is currently being treated for:

_____ Asthma Explanation _____

_____ Epilepsy/Seizures Explanation _____

_____ Heart problems Explanation _____

_____ Diabetes Explanation _____

ALLERGIES:

Medications	_____	Treatment	_____
Food	_____	Treatment	_____
Outdoor	_____	Treatment	_____
Insects	_____	Treatment	_____

CURRENT MEDICATIONS:

NAME	_____	mg	_____
DOSING INSTRUCTIONS	_____		
NAME	_____	mg	_____
DOSING INSTRUCTIONS	_____		
NAME	_____	mg	_____
DOSING INSTRUCTIONS	_____		
NAME	_____	mg	_____
DOSING INSTRUCTIONS	_____		
NAME	_____	mg	_____
DOSING INSTRUCTIONS	_____		

OTC medications that can be given as needed	Any special dietary concerns?
_____ Asprin	_____
_____ Tylenol	_____
_____ Ibuprofen	_____

Should your student's activity be limited for any reason? _____ YES _____ NO

If yes, explain _____

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

General rules of conduct and expectations

- Students cannot have in their possession any alcohol, drugs or tobacco.
- Students cannot have in their possession any weapons, fireworks or lighters.
- Students cannot wear offensive or immodest clothing.
- NO PDA...Public AND Private displays of affection...is allowed.
- Participation with the group is expected at all times.
- Respect others' property and do not make it your own.
- Respect all other students as well as all adult leaders.
- Additional rules and expectations while on trips
 - Unless otherwise approved, all students must travel with the youth group. Students cannot drive their own cars.
 - Compliance with the trip schedule and times is expected.
 - Swimsuits
 - Guys are not allowed to wear speedos and must have on shirts when not in the water.
 - Girls must wear either a one-piece suit or a tankini that covers the belly button. If a bikini is the only bathing suit available, a dark colored shirt must be worn over it at all times.
 - No boys are allowed in the girl living quarters and no girls are allowed in the boy living quarters.
 - Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct and expectations and the evaluation of my medical history and current health. I agree to abide by any stated personal limitations as well as the rules of conduct and expectations.

Student's name (printed): _____

Student's signature: _____

Date: _____

NOTE: If you desire to limit your student's participation in any event, please submit your wishes in writing to the Student Minister or trip coordinator prior to that event.

(Printed name of student): _____, has my permission to attend all Connect Student Ministry activities sponsored by First Baptist Church of Hayden, AL from August 1st, 2018 through August 31st, 2019.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church of Hayden, AL, its staff and volunteer leaders of any liability against personal injury or losses of named student.

I/we the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by First Baptist Church of Hayden, AL. 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 that treatment is required from a physician and/or hospital personnel designated by First Baptist Church of Hayden, AL, 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 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 care 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 expense should they become ill or if deemed necessary by the Connect Student Ministries staff member. I/we agree to submit updated insurance information if my/our provider/coverage changes. I/we give permission to include my/our student in any video and/or photographs taken during the course of my/our student's involvement. I/we agree that a photocopy of this document shall be a legally binding document.

Parent/Guardian's name (Printed): _____

Parent/Guardian signature: _____

Date: _____

I certify that _____ whose name is signed to the foregoing documents and is known to me and in my presence, executed the within and foregoing Connect Student Ministries information, medical, rules and permission/liability forms. Given under my hand this ____ day of _____, 20 _____.

Notary Public signature: _____

My commission expires: _____