

Last Name_____

Immanuel Baptist Church Youth Ministries Yearly Parental Consent Form September 1, 2011 - August 31, 2012

Student's First Name_____ M.I._____ Last Name_____

Address_____ City_____ Zip _____

Student's Birthday _____ Student's email _____

Parent/Guardian's Name _____

Home Phone () _____ Cell Phone () _____

Place of Work _____ Phone () _____

Secondary Contact _____ Phone () _____

Parent email _____

Does your student have any allergic reactions? Please list.

Is there any other medical information we should know concerning your student?

Doctor's Name _____ Phone () _____

Insurance Carrier _____ ID # _____

Other info _____

This form serves as a medical release for all IBC sponsored activities over the time period indicated at the top of the form. In the event your child needs emergency medical care every effort will be made to contact you immediately.

Activities outside the greater Wausau area, or higher risk activities will require another permission slip (it will not include medical information) I will be made aware of all activities, through the church bulletin, website, and my teens.

Should this information change it is my responsibility to fill out a new form and turn it in to the church office.

When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case I shall pay for all such expenses. I shall in no way hold Immanuel Baptist Church or its representatives responsible for any financial obligation.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE WITH IMMANUEL BAPTIST CHURCH, AND RECEIVE EMERGENCY MEDICAL CARE IN MY ABSENCE.

Parent/Guardian_____ Date ___/___/___