Last Name_____

Teen Yearly Permission Form of Immanuel Baptist Church

September 1, 2026 – August 31, 2027

Student Information

Student's First Name_____ Last Name_____

Address_____ City_____ Zip _____

Date of birth _____ Current Age _____ Grade _____

Student's Cell Phone _____ Student's Email _____

Home church _____

Allergies:

Other Medical Information:

Doctor's Name & Location _____ Phone _____

Insurance Carrier _____ ID # _____

Parent Information

Primary Contact _____

Address_____ City_____ Zip _____

Home Phone _____ Parent's Cell Phone _____

Email _____ ☐ Will receive text messages

Secondary Contact _____

Address_____ City_____ Zip _____

Cell Phone _____ Email _____ ☐ Will receive text messages

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.

I will be made aware of all activities through social media (Facebook pages IBC1Journey or Immanuel Baptist Church Wausau), our website (www.ibcwausau.org), church bulletin, and my teens.

Should this information change it is my responsibility to fill out a new form and turn it into 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___/___/_____