



SPSM Annual Youth Ministry Permission Form & Consent for Treatment

Throughout the year students involved in the Youth Ministry have the opportunity to participate in numerous activities, events and trips, some of which are held on-site and some off-site. By signing this form and completing the consent for treatment on the back, you are giving permission for your child to participate in all activities, events, trips and transportation that are offered through South Peoria Baptist Church during the next year.

As the parent or legal guardian of _____, I acknowledge and understand that South Peoria Baptist Church may offer certain activities which carry with them a degree of risk and danger to my child. I consent to my child's participation in these activities. I acknowledge and understand that this parental authorization, consent and release has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use South Peoria Baptist Church's equipment, facilities, or other designated locations for trips, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless South Peoria Baptist Church and any staff, leadership and/or volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities.

I understand that it is my obligation to inform and update the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities, trips and events of South Peoria Baptist Church. Should the need for medical attention arise the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency I consent to the transportation, examination and treatment of my child by a licensed physician or other licensed health care professional. I give permission for a doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this parental authorization, consent and release by reading it before I signed it.

Parent/Guardian Signature _____ **Date** ___/___/___

Parent/Guardian Printed Name _____

Parental consent will be valid for one year, at which time an updated form and consent will need to be completed.



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Personal Information

Last Name _____ First _____ Middle _____

Date of Birth ___/___/___ School _____ Grade _____

Address _____

Home Phone _____ Student's Phone _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Parent Email: _____

Emergency Contact Information

Emergency Contact #1 _____ Phone _____

Relationship _____

Emergency Contact #2 _____ Phone _____

Relationship _____

Emergency Contact #3 _____ Phone _____

Relationship _____

Medical/Emergency Information

Name of Insurance Carrier _____

Group # _____ ID # _____

Family Physician _____ Phone _____

Please list any health conditions we should know about (If NONE, check here ___)

Please list any medications taken on a regular basis (If NONE, check here ___)

Please list any allergies your child has (If NONE, check here ___)

In the event my child becomes ill, is injured, or requires emergency medical attention of any kind, I hereby authorize the adult chaperone(s) to arrange for transportation to the nearest hospital/treatment facility. I give permission for a licensed doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I understand that I will assume full responsibility for all medical expenses incurred as a result of the use of this consent.

Parent/Guardian Signature _____ **Date** ___/___/___

Parental consent will be valid for one year, at which time an updated form and consent will need to be completed.