

**First Baptist Church; Princeton, Indiana**  
**Medical Release and Permission Form**

**Please print neatly in ink.**

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

1. For your child's safety and our knowledge, is your student a:

☐ good swimmer                      ☐ fair swimmer                      ☐ non-swimmer

2. Does your child have allergies to—

☐ pollens                      ☐ medications                      ☐ food                      ☐ insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

☐ asthma                      ☐ epilepsy / seizure disorder                      ☐ heart trouble  
☐ diabetes                      ☐ frequently upset stomach                      ☐ physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear                      ☐ glasses                      ☐ contact lenses

6. Can your child take over the counter pain relievers? \_\_\_\_\_ If yes, please **circle** which ones:

Tylenol                      Ibuprofen                      Other (please list) \_\_\_\_\_

7. Should this child's activities be restricted for any reason? Please explain:

# LightSource Student Ministry

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## Student Agreement

For your information, we expect each student to comply with the following expectations during all youth events:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No students can drive during events
- No offensive or immodest clothing
- No PDA (public display of affection)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect others' property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Participation with the group is expected

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the Student Agreement. I agree to abide by the stated personal limitations and expectations listed in the Student Agreement.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parents/Guardians

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, roller-blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
sponsored by First Baptist Church herein from **NAME OF STUDENT** 01/01/21 to 01/01/22.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. 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 treatment is required from a physician and/or hospital personnel designated by the Church, 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 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. 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 own expense should they become ill or if deemed necessary by the student ministries staff member.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LightSource Student Ministry may use photographs and/or video footage shot during youth events for promotional materials and ministry/activity updates. We do not publish names with photographs in our promotional materials. If you prefer that your student NOT be shown in promotional materials and updates, please put an 'x' in this box. ☐