



**For your information, we expect each student to conform to these rules of conduct:**

Respect Ministry Leaders' Authority, No fighting, Participation with the group is expected  
 Respect property, Respect one another, staff, and adult leaders,  
 Respect and comply with event schedules

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Waiver, Release & Assumption of Risk**

Unconditionally release, waive & consent not to sue the Forestville Baptist Church (FBC), officers, directors, administrators, agents other employees and volunteers of (FBC) sponsoring agencies and sponsors, for any & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the (FBC), official or unofficial activities, events or trips. This waiver, release, assumption of risk, and Agreement not to sue discharges in advance (FBC), from all liability even though that liability may arise out of the (FBC), active or passive negligence.

**Emergency Medical Authorization****Part I – Granting Consent:**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

**Medical Insurance Company** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Physician** \_\_\_\_\_ Office phone \_\_\_\_\_

**Dentist** \_\_\_\_\_ Office phone \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II – Refusal to Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the event authorities to take no action or to: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student name: \_\_\_\_\_ has my permission to attend this Youth/Children's activity sponsored by Forestville Baptist Church.

**This form must be signed by the parent/guardian, student and updated annually.**

**This page is for information necessary for student participating in an overnight event that may/will need prescription medication administered.**

Examples could be but not limited to:

- Medications for diabetes
- Medications for seizures
- Medications for antibiotics for previous illness
- Medications for allergies

An overnight event will be considered an event that exceeds more than 12 hours.

1. Does the student have a medical condition that requires medication during an event?
2. Can the medication be administered by FBC staff or volunteer?

If the answer to the above # 1 & 2 is yes the following information is required:

Document what medication is for.

Document by hour of day when medication is taken.

Provide Primary Care Physicians written instructions for medication administering.

Provide Primary Care Physician signed administration instructions within 30 days of event.

I have read and understand the above release and grant my permission to Administer documented medications.

\_\_\_\_\_  
Student Participant name print                      Student Participant signature                      Date

\_\_\_\_\_  
Parent / Guardian Name print                      Parent / Guardian signature                      Date

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This page must be signed by the parent/guardian, student for each overnight event**