

Student Ministries Event

PERMISSION FORM

September 2011-July 2012

PART I: For the Student

I, _____ (Student), desire to participate in the activities of the Emmanuel Baptist Student Ministries, and promise to follow the instructions of the Youth Staff and to respect the rights of others. I promise not to bring or use alcohol, tobacco, illegal drugs, or fireworks. I agree, if I violate this promise, my Parent(s)/Guardian(s) may be notified and I may be sent home at my expense, before the activity is over. The duration of this agreement is one year, and lasts for the time slot designated above.

Student Signature _____ Date _____

Age _____ Grade _____ Birth date _____

PART II: For the Parent/Guardian

I/We, the undersigned, hereby grant _____ (son/daughter) my/our permission to attend and participate in the activities off-campus (such as gyms, nursing homes, restaurants, concerts, Cedar Point, etc.) and all activities included in that ministry. We do hereby give permission for _____ (son/daughter) to ride in any vehicle designated by the Youth Staff members in whose care the minor has been entrusted while attending and participating in activities sponsored by Emmanuel Baptist Church.

LIABILITY WAIVER

I/We further release and hold harmless the above named organizations, the individual Volunteer Staff Members, and all Emmanuel Baptist Church Staff Members from any liability for loss, injury or damage to my son/daughter or property which may result from his/her participation. The duration of this agreement is one year and lasts for the time slot designated above.

LIMITED PURPOSE POWER OF ATTORNEY

Consent to Treatment of a Minor:

- A. The undersigned appoint and delegate the Youth Staff the power to consent on our behalf to all emergency treatment and/or medical/dental care (except elective surgery) of _____ (son/daughter) determined to be necessary or desirable by the youth's attending physician/dentist at his/her office or hospital.
- B. The Power of Attorney shall continue for the duration of the trip or until revoked by the undersigned. Physicians, hospital medical staff or dentist may assume and rely that this authorization is currently in effect unless notified.
- C. The undersigned certify that they have read this Power of Attorney (or had it read to them), and that they understand this Power of Attorney.
- D. In the event of medical or dental treatment, parents/guardians are completely responsible for any necessary treatment cost incurred. In case of accident or injury, Emmanuel Baptist Church begins where the parent/guardian insurance ends.
- E. If there are any religious or personal objections that do not allow your son or daughter to receive certain types of medical or dental treatment, you must give a signed written statement stating your position.

HEALTHCARE INFORMATION

- 1. Student Name _____
- 2. Insurance Company _____
- 3. Policy Holder _____ Birthdate _____
- 4. Policy Number _____ Group # _____
- 5. Insurance Company Address _____

- 6. Insurance Company Telephone _____

- 7. Prescription insurance if different from above : Company _____
Policy Holder _____
Policy Number _____
- 8. Allergies _____
- 9. Medications now being taken _____

- 10. Conditions/problems _____

- 11. Additional information _____

I, the parent or guardian of _____ (student) understand the inherit risk of my son or daughter's involvement in the EBC Cedar Point trip and all risks that pertain to said trip.

UNDERSIGNED SIGNATURE OF PARENT OR GUARDIAN

Parent/Guardian signature: _____ Date: _____

Relationship: _____

Father Home #: _____ Cell #: _____ Work #: _____

Mother Home #: _____ Cell #: _____ Work #: _____

_____ Parent/Guardian Address: _____

2nd Emergency Contact: _____

Relationship: _____ Phone: _____

In case of the need for medical or dental attention, the Youth Staff will contact you as quickly as possible.