

## First Baptist Church Morris Release & Medical Consent (Student) 2024

Morris allowing	' '	
FBC Morris youth activities agrees to release, hold harmle	· , , , .	
ministers, agents, employee, volunteer workers, and all persons in privity with ("Indemnified		
Parties"), from and against all liabilities, claims, losses, co	sts expenses, and damages of any and every	
kind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting		
directly or indirectly from Student's participation in the year	outh activities. This permission includes the	
release to transport the student to and from events. If th	e Parent wishes to revoke this consent for	
any reason, they must promptly notify the youth leader in	_	
<b>Note to Parent</b> : If giving consent for one activity only, or specify:	if this consent is otherwise restricted, please	
Parent understands that they will be notified in the case of	of a medical emergency. However, in the	
event that they cannot be reached, the parent hereby au		
care for Student should the need arise during the youth a	activity. Parent understands that Indemnified	
parties will not be responsible for medical expenses incur	red. Parent further agrees to notify the	
youth director in writing of any health changes that would	d restrict Student's participation in any	
normal youth activities. Parent also understands that Inde		
Student from any activity that they do not feel is within the		
Student's allergies or special medical needs are as follows	S:	
Allergies or Medical Needs:		
Physical Limitations (asthma, diabetes, allergies, etc.) and	d or special instruction (allergic to certain	
medications, food allergies, rare blood type etc.):		
Student Date of Birth:	Grade for 2023-24 School Year:	
Student Cell Phone Number (If one available):		
Parent/Guardian (Please Print):		
Parent/Guardian (Please Print):  Home Phone: Ce	ell Phone:	
Email:		
Address:		



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In the event that parent/guardian cannot be rea	ached, please list names and telephone numbers of
responsible persons who may be contacted:	
Name:	Number:
Relationship to student:	
	Number:
Relationship to student:	
Doctor's Name and Telephone Number:	
Insurance Company:	Name of Insurance:
Policy Number:	
recordings or any other visual or audio reprodumedia may be used on the church official websi	ion for the taking of photographs, video images, audio action of me (or my Student). I understand that this ite, social media platforms, local services, or future ill relate to the church or church activities. Youth will
and all youth trips, I pledge to follow all instruct including safety instructions. If I do not abide, the	
Signature of Toutin.	
The undersigned understands that this consent date signed.	and release form is in effect in its entirety from the
Parent/Guardian Signature:	
Date:	