

First Baptist Church Morris Release & Medical Consent (Student) 2025

Morris allowing	' '			
FBC Morris youth activities agrees to release, hold harmles	· · · · ·			
ministers, agents, employee, volunteer workers, and all persons in privity with ("Indemnified Parties"), from and against all liabilities, claims, losses, costs 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 yo	uth activities. This permission includes the
			release to transport the student to and from events. If the	Parent wishes to revoke this consent for
any reason, they must promptly notify the youth leader in	_			
Note to Parent : If giving consent for one activity only, or if specify:	this consent is otherwise restricted, please			
Parent understands that they will be notified in the case of	f a medical emergency. However, in the			
event that they cannot be reached, the parent hereby auth	norizes Indemnified parties to seek medical			
care for Student should the need arise during the youth ac	tivity. Parent understands that Indemnified			
parties will not be responsible for medical expenses incurr	ed. Parent further agrees to notify the			
youth director in writing of any health changes that would	·			
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:				
Allergies or Medical Needs:				
Physical Limitations (asthma, diabetes, allergies, etc.) and	or special instruction (allergic to certain			
medications, food allergies, rare blood type etc.):				
Student Date of Birth:G	rade for 2024-25 School Year:			
Student Cell Phone Number (If one available):				
Parent/Guardian (Please Print):				
Parent/Guardian (Please Print):Cell	Phone:			
Email:				
Address:				



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In the event that parent/guardian cannot be reached,	please list names and telephone numbers of	
responsible persons who may be contacted:		
Name:	_Number:	
Relationship to student:		
Name:	_Number:	
Relationship to student:		
Doctor's Name and Telephone Number:		
Insurance Company:		
Policy Number:		
Media Consent: I give my consent and permission for the taking of photographs, video images, audio recordings or any other visual or audio reproduction of me (or my Student). I understand that this media may be used on the church official website, social media platforms, local services, or future advertisements. I understand photo content will relate to the church or church activities. Youth will not be identified by name in any photo or text. Parent/Guardian (Initial):		
Youth Pledge: I hereby pledge to uphold all policies of the FBC Morris youth department. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions. If I do not abide, the youth leader or adult chaperone may contact my legal parent/guardian and I could be sent home before completion of the event without a refund and parent/guardian would be responsible to come get me from event. Signature of Youth:		
Signature of Toutif	_	
The undersigned understands that this consent and re date signed.	lease form is in effect in its entirety from the	
Parent/Guardian Signature:		
Date:		