

# YOUTH PERMISSION / MEDICAL INFORMATION

## Students

\_\_\_\_\_ has my permission to participate in all youth activities, retreats, camps, mission trips, weeknight & Sunday evening events, and Sunday school during **August 1, 2022 – September 1, 2023** that are sponsored by Benson Baptist Church, Benson, NC.

Youth DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Youth cell phone# \_\_\_\_\_

Youth email \_\_\_\_\_

Youth T-Shirt Size \_\_\_\_\_ (adult sizes)

Mailing Address: \_\_\_\_\_

### **IN CASE OF EMERGENCY:**

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

### **If Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

### **MEDICAL INFORMATION**

Knows how to swim Y N

Tetanus shot up to date (include date) \_\_\_\_\_ Y N

Any reaction to insect bites/stings Y N

Asthma Y N

Any reaction to sun/sunburn Y N

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and will make the Associate Pastor of Children, Youth, and Families aware of any changes.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please read and complete Medical Waiver/Authorization, Photography Consent and have this form notarized on reverse side.**

REVISIED: 8/23/2022

# CONSENT WAIVER AND MEDICAL AUTHORIZATION

## RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation of \_\_\_\_\_ in the church sponsored activity described in the accompanying **CONSENT FORM, MEDICAL INFORMATION & COVENANT** in consideration for my child being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Benson Baptist Church, Benson, North Carolina, the ministers, the staff, or church members which arise out of, or relate to, my child's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** Benson Baptist Church, its ministers, staff, and church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**. This release specifically covers and **releases** any and all claims against Benson Baptist Church, its ministers, employees, and church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Benson Baptist Church, its ministers, employees, and church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.

4. I further authorize Benson Baptist Church, its ministers, staff, or church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Benson Baptist Church for this medical care.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## PHOTO PERMISSION

I grant permission for my child's photo and name to be used on BBC's website and other media outlets.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

### Sponsoring Staff Members:

**Will Raybon**, Associate Pastor of Children, Youth, and Families  
#919-894-4777 x26