

# Bayside Baptist Church Youth Group

## 2012-2013 Permission Slip and Medical Release Form

Student's last name	First name	Middle initial
Address	City	State
Home phone	Student's cell phone/email	
School	Grade	Birthdate

Mother's name	Mother's cell phone/email
Father's name	Father's cell phone/email
Emergency contact name	Phone

Health insurance provider	Group number	Policy number
Physician' name	Clinic / phone	
Dentist's name	Phone	

In the event of an emergency, what is your hospital preference:

St. Mary's - Superior
  St. Mary's - Duluth
  St. Luke's

**To Whom It May Concern:** The undersigned does hereby give permission for my/our child, \_\_\_\_\_, to attend any youth group event between the dates of January 1, 2012, and September 30, 2013, sponsored by Bayside Baptist Church of Superior, Wisconsin.

I/We authorize an adult, in whose care my minor child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my minor child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Bayside Baptist Church.

Parent/guardian's signature
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By signing below, the student agrees to follow the expected behavior of all students attending Bayside events, which includes, but is not limited to: no alcohol, illegal drugs, or cigarettes; no guns or weapons of any kind; respect of adults and leaders; and participation and cooperation in all events. Failure to comply could result in being sent home at the discretion of Bayside's leadership at the parent's expense.

Student's signature
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Please list all allergies, special medical issues, or any other important information in the space below:

**Bayside Baptist Church Student Ministries**  
**Waiver and Release from Liability**  
**Effective January 1, 2012—September 30, 2013**

I (We) acknowledge that my child's participation in the Bayside Baptist Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Bayside youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Bayside youth program activities, I (we) agree to the following:

Bayside Baptist Church is not responsible for the loss or theft of personal belongings.

Initial \_\_\_\_\_

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial \_\_\_\_\_

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, the internet website, and the photo directory (which will also include their address and phone).

Initial \_\_\_\_\_

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Bayside's youth activities, the following person, or entities: Bayside Baptist Church, it's Senior Pastor and Associate Pastors, deacons, employees, volunteers, representatives, subcontractors, and agents of any of the above; B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein except in the case of gross negligence on the part of Bayside, its staff, or volunteers; C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Bayside Baptist Church youth activities.

Initial \_\_\_\_\_

I (We), \_\_\_\_\_, the undersigned parent and natural guardian or legal guardian, of \_\_\_\_\_ hereby execute this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons and/or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial \_\_\_\_\_

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Bayside Baptist Church representatives to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial \_\_\_\_\_

Child's name \_\_\_\_\_

Parent(s) / Guardian signature \_\_\_\_\_

Parent(s) /Guardian phone # \_\_\_\_\_

Date \_\_\_\_\_