

Last Name _____

Immanuel Baptist Church Youth Ministries Yearly Parental Consent Form September 1, 2009 - August 31, 2010

Student's First Name _____ M.I. _____ Last Name _____

Address _____ City _____ Zip _____

D.O.B. ___/___/___ Parent/Guardian's Name _____

Home Phone () _____ Cell Phone () _____

Place of Work _____ Phone () _____

Secondary Contact _____ Phone () _____

Teen email _____ Parent email _____

Does your teen have any allergic reactions? Please list.

Is there any other medical information we should know concerning your teen?

Doctor's Name _____ Phone () _____

Insurance Carrier _____ ID # _____

Other info _____

I understand that this form covers all IBC sponsored activities at the church or in the greater Wausau area (SNAC, Health Care Ministry, Friday night live, Family Bible Week, service Saturday, local trips, small group outings...)

Activities outside the greater Wausau area, or higher risk activities will require another permission slip (it will not include medical information) I will be made aware of all activities, through the church bulletin, website, and my teens.

Should this information change it is my responsibility to fill out a new form and turn it in to the church office.

When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case I shall pay for all such expenses. I shall in no way hold Immanuel Baptist Church or its representatives responsible for any financial obligation.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE WITH IMMANUEL BAPTIST CHURCH, AND RECEIVE EMERGENCY MEDICAL CARE IN MY ABSENCE.

Parent/Guardian _____ Date ___/___/___