

Last Name \_\_\_\_\_

## Teen Yearly Permission Form of Immanuel Baptist Church September 1, 2024 - August 31, 2025

### Student Information

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Current Age \_\_\_\_\_ Grade \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Home church \_\_\_\_\_

Allergies:

Other Medical Information:

Doctor's Name & Location \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

### Parent Information

Primary Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Email \_\_\_\_\_  Will receive text messages

Secondary Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  Will receive text messages

This form serves as a medical release for all IBC sponsored activities over the time period indicated at the top of the form. In the event your child needs emergency medical care, every effort will be made to contact you immediately.

Activities outside the greater Wausau area, or higher risk activities will require another permission slip. I will be made aware of all activities through social media (Facebook pages IBC1Journey or Immanuel Baptist Church Wausau), our website ([www.ibcwausau.org](http://www.ibcwausau.org)), church bulletin, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_