STUDENT MINISTRY EVENT PERMISSION FORM / MEDICAL RELEASE

TEGA CAY BAPTIST CHURCH, FORT MILL, SOUTH CAROLINA

I, _____ , give _____ permission to participate in activities
            (parent's name)   (participant's name)
sponsored by Tega Cay Baptist Church. In case of emergency, I give the person placed in charge of my child permission to have my child treated. I will not hold the individual in charge, the attending physician, or Tega Cay Baptist Church, Fort Mill, South Carolina, responsible.

STUDENT INFORMATION

Birthdate_____/_____/_____

Address_____City_____State_____Zip_____

MEDICAL INFORMATION

Medication currently taking_____

Medication allergic to_____

Any Food allergies (if so, list)_____

Please check the following medications that you give permission for your youth to take should they be needed:

_____Tylenol--regular or extra-strength for headache, aches, fever, cramps
_____Mylanta, Maalox--for upset stomach
_____Dramamine--for prevention of nausea
_____Benadryl--for allergic reactions or cold symptoms
_____Murine Eye Drops--for irritated eyes
_____Other, please specify_____

On the back of this sheet, list any physical, emotional or mental handicaps so leaders can be sensitive to special needs.
(This information is confidential.)

Insurance Carrier_____Policy No._____

Name under which policy is carried _____

Below are numbers where I may be reached:

Home_____Work_____Cell_____

Other comments:_____

_____

I, the parent or guardian of the above individual acknowledge that the participation in student ministry activities sometimes necessarily involves risk of physical injury. I further acknowledge that the programs of Tega Cay Baptist Church of Fort Mill, SC Student Ministry are primarily administered by volunteers and parents who give their time rather than paid professionals. By signing this permission form on behalf of the above named individual and permitting the voluntary participation of said individual in its student ministry programs, I hereby release, discharge, and hold harmless Tega Cay Baptist Church of Fort Mill, SC its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Tega Cay Baptist Church of Fort Mill, SC Student Ministry sponsored activities.

Parent Signature_____ Date_____