



Parkside Baptist Church

Student Ministry Release Form 2022

Participant Information

Name _____ Age _____ Grade _____
 Address _____ City _____ ST _____ ZIP _____ Phone _____
 In case of an emergency notify _____ Phone _____
 Family Physician _____ Phone _____
 Family Insurance Co. _____ Policy # _____

Medical History

Previous Conditions (Check and give appropriate information)
 Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
 Diabetes Dizziness Hay Fever Stomach Upset

Allergies: Penicillin or other drug (name) _____
 Insect Stings/Bites _____
 Poison sumac, oak, or ivy _____
 Food / Other _____

Previous operations or serious illnesses _____
 Any current medications you are taking (list) _____
 Special Diet: (Name) _____

Permission for Treatment

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge Parkside Baptist Church, Denison and all its sponsors and employees from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in these church-sponsored trips. _____ **initial**

I give permission to Parkside Baptist Church to use this form for any and all youth trips for the year of 2022. I will call the church with any changes that may occur in the coming year to keep this form accurate for every occasion and event. I also give permission for my child's picture to be taken and may be used in the church's web site and other promotional material. _____ **initial**

If, at any time during these events, the sponsors determine that my child is not demonstrating appropriate behavior, I accept the responsibility for immediately picking him/her up from the event or paying the cost of traveling arrangements to get him/her back home.

Parent Signature _____ Date _____