

This form must be completed and returned before participating on any Youth Trip.



# Permission Form

I, \_\_\_\_\_, do hereby give my permission for my son/daughter, \_\_\_\_\_ to go on any Youth Trip from September 1 of 2015 through August 31, 2016. I release **Bluewater Baptist Church**, and the sponsors of this event from liability for any accident that may occur during the event, or while travelling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my teen becomes ill or sustains an injury during one of these trips, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my teen upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my teen to engage in these trips and all activities, and I will not hold the staff at **Bluewater Baptist Church**, or sponsors responsible for any incident occurring to my teen resulting from reasonable activities during these events.

Signature of Parent or Guardian: \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Phone #: Work \_\_\_\_\_ Home \_\_\_\_\_

Email Address of Parent(s): \_\_\_\_\_

\*\*\*by providing your email address, you give Bluewater Baptist Church consent to send you emails.\*\*\*

**If parent/guardian cannot be reached in case of emergency, please call:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ (M) (F)

BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

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## Media Consent

By signing below you are giving consent that leadership can have communication with your student via Facebook, Twitter, Snapchat, Instagram, texting and any other forms of social media.

**Parental Consent:** \_\_\_\_\_

By signing below you are giving consent for pictures & videos to be taken and used for promotional purposes for Bluewater Baptist Church and on social media.

**Parental Consent:** \_\_\_\_\_

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## Medical Info

HEALTH CARD #: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

(Prescribed Medication):

Name of Drug \_\_\_\_\_ Dosage \_\_\_\_\_