

LAKESWOOD BAPTIST CHURCH
STUDENT RELEASE FORM
7TH THROUGH 12TH GRADE
JANUARY 1, 2020 - DECEMBER 31, 2020

We the parents and/or guardians of _____ hereby consent and authorize our child to participate in any student activities sponsored by **Lakewood Baptist Church during the entire year of 2020**. I will not hold the church or any individual acting on behalf of the church liable or in any way responsible for any injuries or harm done to my child as a result of or in conjunction with any student ministry activity. In addition, I authorize **Lakewood Baptist Church or any individual acting on behalf of the church** to seek medical attention for my child should it be needed as a result of injury or sickness. Neither the church nor any individual acting on behalf of the church shall be liable for any medical attention rendered by a doctor, hospital, clinic, nurse, or any other individual or facility as a result of injury or sickness.

Student's Name: First _____ Middle _____ Last _____

Home Address: Number and Street _____

City and State _____ Zip Code _____

Phone: _____ **Birth Date:** _____ **Age** _____

Parent or Guardian (1): _____ **Relationship** _____

Home Phone #: _____

Cell Phone #: _____ **Email:** _____

Work #: _____ **Work Place:** _____

Parent or Guardian (2): _____ **Relationship** _____

Home Phone #: _____

Cell Phone #: _____ **Email:** _____

Work Phone #: _____ **Work Place:** _____

Additional Emergency Contact: _____

Relationship: _____ **Contact number:** _____

Health Questions (Circle All That Apply):

Asthma	Heart Problems	Sinusitis	Convulsions/seizures
Allergies	Sleepwalking	Chronic Sore Throat	Upset Stomach
Diabetes	Fainting	Bronchitis	Ear Trouble
Kidney Trouble	Anorexia	Bulimia	Other: _____

List All Allergies (Food, Drug, Insect, etc.): _____

Medications Currently Taking: _____

Phobias or Fears: _____

Special Diet: _____

Should your student have their activities restricted in any way? _____

If so, Please Explain: _____

Family Doctor _____ Phone: _____

Discipline: Although behavior incidents are rare, there are occasions which merit disciplinary action. I understand, by allowing my child to attend student ministry activities, that I will be contacted first if any individual acting on behalf of the church determines that my child will be sent home before the scheduled departure of the student group as a whole. **Furthermore, I agree to pay all return transportation costs for my child, if such a problem arises.**

* **My student is allowed to ride with other students.** Please initial if o.k. _____

***YOU MAY ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM INSTEAD OF FILLING OUT THE FOLLOWING SECTION. PLEASE MAKE SURE ALL INFORMATION ASKED FOR IS COVERED.**

*Insurance Company: _____

*Policy Number: _____

*Insurance Phone Number: _____

Parent or Guardian Signature: _____ **Date** _____

Notary:

Affix seal below:

Name: _____

My commission expires: _____

Sworn to and subscribed before me this
_____ Day of _____ 20__