

**LAKEWOOD BAPTIST CHURCH**  
**STUDENT RELEASE FORM**  
**7<sup>TH</sup> THROUGH 12<sup>TH</sup> GRADE**  
**JANUARY 1, 2022 - DECEMBER 31, 2022**

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 2022**. 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\_\_

**Lakewood Baptist Church, 4011 Lakewood Dr. Phenix City, Al. 36867 (334) 298-6433**