

(Please Print Legibly)

I, _____, as the legal guardian(s) of _____ do consent to his/her involvement in student ministry sponsored activities both on the property at Tharptown Baptist Church as well as: winter trips, retreats, concerts, camps, and any other events off church property.

I understand and acknowledge that participation in the activities involves inherent risk of injury to my child including risks associated with transportation by motor vehicle. The undersigned does also hereby give permission for my child to ride in the church's van which will be driven by an approved ADULT chaperone while attending and participating in activities sponsored by Tharptown Baptist Church.

I also give my permission for the leadership of the student ministry to admit my child to medical care facilities and give my authorization for my child to be treated immediately if an injury or illness should occur while participating in student ministry related activities. I do not hold Tharptown Baptist Church, Student Minister or Volunteers liable for any costs of medical care given to my child. I give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor.

I do not hold Tharptown Baptist Church, its student ministry or any of its leadership responsible in any way for any incident or accident that may occur while participating in activities sponsored by the student ministry.

*** Tharptown Baptist Church is not held responsible for the potential contraction of Covid-19. If a student starts showing signs of symptoms of Covid-19 they will be isolated and it will be the responsibility of the parents to come pick up their child.**

I have read and fully understand the above permission slip and I do want my child to be allowed to participate in Tharptown Baptist Church's Student Ministry and its activities.

Child's Legal Name: _____ Date of Birth: _____

Medical Insurance & Policy Company Name: _____

Policy #: _____

Known allergies including any allergies to medicine (Continue on back of form if needed):

Any other medical problems, which should be noted? (Continue on back of form if needed):

Phone #: (____) _____ - _____ Alt/Emergency #: (____) _____ - _____

Signature (Legal Guardian): _____ Date: _____