

**STUDENT MINISTRY EVENT PERMISSION FORM  
SUMMERVILLE BAPTIST CHURCH,  
SUMMERVILLE, SOUTH CAROLINA**

I, \_\_\_\_\_, give \_\_\_\_\_ permission to participate  
(parent's name) (participant's name)

in the events checked below. In case of emergency, I give the person placed in charge of my child permission to have my child treated. I will not hold the individual in charge, the attending physician, or Summerville Baptist Church, Summerville, South Carolina, responsible.

**Please check all that apply:**

Discipleship Retreat  
 World Changers  
 Mini World Changers

Winter Retreat  
 Passion  
 Other

Carowinds  
 Missionfuge

**MEDICAL INFORMATION**

Medication currently taking \_\_\_\_\_

Medication allergic to \_\_\_\_\_

Any Food allergies (if so, list) \_\_\_\_\_

List any physical, emotional or mental handicaps so leaders can be sensitive to special needs. (This information is confidential. Explain on back of sheet, if necessary.)

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Below are numbers where I may be reached:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**My young person and I understand what is expected in behavior. Bad behavior will result in forfeiting the privilege of participation in the next trip and being sent home on this trip. I understand that there are to be no "Jamboxes", "Walkmans"/MP3 players, TV's, magazines or anything of this nature. I understand that it will be taken from me. Also, no drugs, or tobacco in any form will be allowed.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Birthday \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Student Mailing Address \_\_\_\_\_

I, the parent or guardian of the above individual acknowledge that the participation in youth activities sometimes necessarily involves risk of physical injury. I further acknowledge that the programs of the Summerville Baptist Church of Summerville, SC Student Ministry are primarily administered by volunteers and parents who give their time rather than paid professionals. By signing this permission form on behalf of the above named individual and permitting the voluntary participation of said individual in its youth programs, I hereby release, discharge, and hold harmless the Summerville Baptist Church, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the Summerville Baptist Church Student Ministry sponsored activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_, Notary Public. My Commission expires \_\_\_\_\_