YOU MUST FILL THIS OUT <u>COMPLETELY</u>-PLEASE PRINT <u>IN INK</u>. INDICATE "Non-Applicable" WHEN NECESSARY AND SIGN THE <u>THREE</u> PLACES ON BACK!

STUDENT MINISTRY OF SECOND BAPTIST CHURCH-CONWAY, AR

Legal Guardian: Relationship: Address: City: Conway/ Other State AR Zip Phone #'s: Business Cell/Other > If we cannot reach parent(s), my child may be entrusted to the following people. (Please list two: other than person listed above) We MUST 1. Name (relationship) Phone 2. Name (relationship) Phone Address City: State Zip Affix Here Address Group# Address Address Group# Address Address Group# Address Address City State Zip Address City State Zip Address City State Zip Address City State Zip Mamps Phone Address Address City State Zip Immunizations: (year) Tetanus Polio Measles Mumps Blood Type (if known) A+ A+ B+ B+ O+ O+ AB+ AB+ Other Diabetes Pindicate all childhood diseases: Chicken Pox Measles Mumps	Name of Student:	Year of Graduation	n Gender: N	Gender: M / F Date of Birth://	
Address:	Legal Guardian:				
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	Aspirin Codeine Morphine	Penicillin	Sulfa O	ther	
	CURRENT MEDICINES:				
List any and all medications you are currently taking on a regular basis:		ently taking on a regular basi	s:		
			-		
SPECIAL DIET? Please list name and content:	SPECIAL DIET? Please list name and conter	nt:			

SPECIAL EVENT RELEASE

Please understand that "extremely high risk" activities will **NEVER** be formally approved, scheduled or endorsed by the Student Ministries of Second Baptist Church. However, ministry events or trips may place a student(s) near some activities that do involve some risk. It is the parent's responsibility to properly instruct their child in what is acceptable as an activity in concurrence with the 2BC Student Ministry program. In the event a student decides to participate in a nonapproved, un-scheduled or un-endorsed activity during "free time" on a trip OR any other time, they do so directly **AGAINST** the leadership of this program.

The following activities, among others, will potentially be endorsed and scheduled by the Student Ministries of 2BC. Indicate with a mark, the activities your child <u>CANNOT</u> participate in, should one of the activities be scheduled.

(Note: When applicable, a licensed and trained professional will direct some of the following activities.)						
	Construction Projects	Canoeing/kayaking	Cliff Jumping	Boat Riding	Fishing	
	Hobie Sailing	Horseback Riding	Jet skiing	Mopeds	Rappelling	
	Mountain Climbing	Snorkeling	Snow skiing	"Stealth"Games	Swimming	
	Tubing	Water parks	Water skiing	Whitewater Rafting	Ropeswings	
	Paintball Games	Theme Parks	Impact Sports (i.e	e. football)		
	List any other activities	that you forbid your chil	d to participate in: (bu	ingee jumping for examplel) Plazza Ask Questi	1

List any other activities that you forbid your child to participate in: (bungee jumping for example!) Please Ask Questions!

I acknowledge that I have read the above high/low risk information and affirm that my child cannot participate in the indicated or checked activities. Other than the indicated or checked activities, I know of no reason why my child should not participate in the activities of the Student Ministries of Second Baptist Church-Conway.

Date / /

Parent or Legal Guardian's Signature

✤ PHOTO/VIDEO RELEASE

I understand that as a participant, my child may be photographed and/or videotaped during Student Ministry activities. These photos/videos may be used in presentations and/or promotional materials. By signing, I release Second Baptist Church to use these photos and/or videos for Student Ministry activities.

Date / /

Parent or Legal Guardian's Signature

***** TREATMENT RELEASE

FULL PERMISSION AND CONSENT is hereby granted for the Youth Pastor(s), bus/van drivers, Interns/workers, and/or other duly appointed Chaperones of Second Baptist Church, to obtain necessary medical and/or dental attention for my child/dependant in case of an emergency through the care of a consulting physician and/or dentist, if the parents or legal guardian cannot be reached. This treatment may include examinations, x-rays, anesthetic, medical diagnosis, anesthesia, surgical procedures or treatment through prescribed medicines. In the event of a major illness or need for surgery, parent's special permission will be sought by the hospital and attending physician prior to treatment.

SPECIAL NOTE TO PARENTS OR GUARDIANS: As the parent or guardian of the above minor, **you are responsible** to provide any new and important medical information to the Student Ministry office to update this form. The original will be kept on file at Second Baptist Church. At your request, a copy of this form will be returned to you for your records.

This is a very in-depth release form. We want to make sure that we are prepared the best that we can be for any type of situation. However, there are risks involved with virtually every situation and you need to be aware of that. If you have any questions about any of this release form, please contact the Student Ministry office of Second Baptist Church, 501.327.6565. Thank you for your help and understanding.

Signature (S) (if 21 or older, you may sign yourself)

/	Date	//
Father/Legal Guardian's Signature Mother's Signature		
Form Needs to Be Notarized By a Notary Public:		
Notary Signature Date		