

**STUDENT MINISTRY EVENT PERMISSION FORM  
DUNCAN FIRST BAPTIST CHURCH, DUNCAN, SOUTH CAROLINA**

I, \_\_\_\_\_, give \_\_\_\_\_ permission to participate in the  
(Guardian's name) (Participant's name)  
events checked below. In case of emergency, I give David Stancil or 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 Duncan First Baptist Church, Duncan, South Carolina, responsible.

**Please check all that apply:**

- 2018 Local/ Regional Youth Activities
- 2018 Student Life Beach Camp
- I give my child permission to ride in a vehicle with adult volunteers.

**MEDICAL INFORMATION**

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

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

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

*Please check the following medications that you give permission for your youth to take should they be needed and list any like medicines if one of the following is not suitable for your youth:*

- Tylenol-regular or extra strength for headaches, aches, fever, cramps
- Mylanta, Maalox- for upset stomach
- Dramamine- for prevention of nausea
- Benadryl- for allergic reactions or cold symptoms
- Tigan, Phenergan suppository- for excessive vomiting
- Murine Eye Drops- for irritated eyes
- \_\_\_\_\_-for swimmers ear

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.) **Please print and attach a copy of the front and back of your insurance card.**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Holder \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 electronic devices other than a cell phone for use at designated times and in case of emergency. I understand that electronic devices will be taken from me. Also, no drugs, alcohol, weapons including knives and box cutters, or tobacco in any form will be allowed.**

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

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

Student's Birthday \_\_\_\_\_ Student's Social Security Number: (not required) \_\_\_\_\_

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 Duncan First Baptist Church of Duncan, Inc. 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 individuals in its youth programs, I hereby release, discharge, and hold harmless, Duncan First Baptist Church, Inc. 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 Duncan First Baptist Church of Duncan, Inc. Student Ministry sponsored activities.

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

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