

BETHEL STUDENT MINISTRY

Parent/Guardian must complete entire form. In the event of emergency, this form is essential for parental contact and acquiring appropriate care. Valid August 1, 2013– July 31, 2014

Minor's Name _____ Date of Birth _____ Age _____

Address _____

Home Phone _____ Email _____

School _____ Grade _____ Cell Phone _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Guardian's Name _____ Phone _____

Parent/Guardian email to receive youth news _____

In the event that parent or guardian cannot be reached, please contact:

Contact Name _____ Relationship _____

Phone _____

Minor's Physician _____

Physician Address _____ Phone _____

Allergic Reactions to: _____

Medications (prescription/over the counter) _____

_____ Date of last tetanus shot _____

Insurance Company _____ Policy # _____

Hospital of Choice _____

Please list any other important information on the back of this form.

AUTHORIZATION FOR MEDICAL CARE

In the event that my/our child should require medical care advised and supervised by licensed medical professionals, and I/we cannot be reached, I/we hereby authorize any adult leader of Bethel Student Ministry to act on my/our behalf. I/we expect to be contacted as soon as possible. We release the above mentioned people, Bethel Presbyterian and staff of Bethel from any liability for accidents, injuries, or other problems my/our child my encounter during youth meetings or events. (Form is considered invalid without signature of a non-family witness).

Father's signature _____ date _____

Mother's Signature _____ date _____

Guardian Signature (if not parent) _____ date _____

Witness signature _____ date _____

TRANSPORTATION CONSENT

I understand that throughout the year there are events sponsored by Bethel Presbyterian Church which, require transportation. I hereby give my permission for my child to be transported to and from such events. I understand that drivers of the vehicles in use will have valid driver's license and will abide by state requirements for safety.

Parent/Guardian _____ date _____

____ I have valid auto insurance & TN Driver's license and can provide transportation for youth events.

My vehicle will carry _____ passengers + the driver.