

Effective Dates: **August 1, 2026 to July 31, 2027!**

Student Information (please print in ink)

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLEYear in School: _____ ☐ Male ☐ Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Medical Insurance Company: _____ Policy # _____

Mother's Name: _____ Phone – Home: _____ Work: _____

Father's Name: _____ Phone – Home: _____ Work: _____

Emergency Contact: _____ Phone – Home: _____ Work: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the student ministry staff and volunteers should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

- ***If there are changes in your child's medical situation, please update your records with the Church Office***

Check the following areas of concern for this student. If necessary, add another page with details:

1. This student is a ☐ good swimmer ☐ fair swimmer ☐ non-swimmer

2. Does your child have allergies to (if marked, please add details)
☐ pollens ☐ medications ☐ food ☐ insect bites

3. Does your child suffer from, or has he/she ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap ☐ motion sickness

4. Date of last tetanus shot: _____

5. Does your child wear: ☐ glasses ☐ contact lenses ☐ N/A

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments: _____

Should this child's activities be restricted for any reason? Please explain: _____

For your information, we expect each student to conform to these general rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No engaging in sexual acts
- No students can drive unless we have signed parental consent
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Represent the Church and REC Student Ministries with a Christ-like attitude
- Glorify God by Loving Him and Serving Others

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ **Date:** _____

Activities may include, but are not limited to, the following activities: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Associate Pastor of Youth & Discipleship prior to that event.

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by **REC Student Ministries at First Baptist Church of Springfield** (herein after the "Church") from **August 1, 2025 to July 31, 2026!**

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by REC Student Ministries at First Baptist Church of Springfield. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First Baptist Church of Springfield, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First Baptist Church of Springfield, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

* In signing this form, you consent to allow your child's image to be used by REC Student Ministries and/or First Baptist Church of Springfield responsibly to celebrate, inform, execute, and/or promote the activities and ministries of REC Student Ministries and/or First Baptist Church of Springfield.

Parent/Guardian Signature: _____ **Date:** _____