



Lilburn First Baptist Church

Student Ministry Permission Form

Student Information

Name _____ Grade _____ DOB _____ Male/Female
Nickname _____ School: _____
Primary Address: _____
Youth Email _____
Student Home Phone _____ Student Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____
Email(s) _____

List all phone numbers where the parent/guardian can be reached

Name _____	Phone: _____
Name _____	Phone: _____
Name _____	Phone: _____
Name _____	Phone: _____

EMERGENCY CONTACT

Name _____	Phone: _____	Relation: _____
Name _____	Phone: _____	Relation: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____
(child's name)("Participant"), to attend and participate in any Lilburn First Baptist Church youth
ministry activities, events and retreats.

LIABILITY RELEASE:

In consideration of Lilburn First Baptist Church allowing the Participant to participate in student ministry activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Lilburn First Baptist Church, its pastors, directors, employees, volunteers and teachers (collectively herein the “LFBC”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the ministry of LFBC. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in all activities of LFBC. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify LFBC for any liability sustained by LFBC as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION:

I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY:

Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION:

The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Lilburn First Baptist Church. My child/youth and I understand that **SEAT BELTS MUST BE WORN AT ALL TIMES** during transportation.

_____	x _____	_____
Name of youth participant	Signature of youth participant	Date

_____	x _____	_____
Name of parent/guardian	Signature of parent/guardian	Date