



# YOUTH (6-12grade) Medical Release

First Baptist Church of Shreveport Youth Ministry

Effective: 8/1/09 – 7/31/10

**Youth Info.** Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Carrier \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_  
 Grade as of August 2009 \_\_\_\_\_ Age \_\_\_\_\_ Youth Lives with: Mother  Father  Both   
 Email Address \_\_\_\_\_

**Parent Info.** **Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Emergency Contact** *(If mother and father cannot be reached)*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please list any previous illnesses, injuries, *allergies* or special needs of which you would like the church to be aware:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

All medications presently taken \_\_\_\_\_  
 \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Group # \_\_\_\_\_

**Please initial your consent in the boxes below:**

- In the event I cannot be reached to make arrangements for emergency medical attention, I consent to the provision of any emergency medical care which an attending physician deems to be necessary for the health of my child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by First Baptist Church.
- It is agreed that the Youth has been informed of and understands the potential hazards and liabilities of this event. It is further agreed that the undersigned, his/her guardians and parents, heirs and assignees agree to refrain from holding First Baptist Church, its employees and agents responsible for any injuries incurred while attending this event.
- I hereby give my consent to allow youth staff and volunteers to administer certain over the counter medications (aspirin, pepto-bismol, tylenol, etc.).

Signature of Parent, Legal Guardian, or Custodian

\_\_\_\_\_ Date: \_\_\_\_\_

*Please copy both sides of your insurance card and attach*



## First Baptist Church of Shreveport Youth Covenant

*When participating in activities with the First Baptist Church Youth Ministry, I will:*

1. Respect the established guidelines and the adults who sponsor events.
2. Respect the health of my own body by not using alcohol, tobacco, or drugs of any kind, except those prescribed by a physician.
3. Not bring firearms or weapons of any kind. I will not bring fireworks.
4. Keep my displays of affection within appropriate limits.
5. Maintain a positive attitude while remembering that I am human and not perfect. I will take time to recover myself when I run out of patience so that neither I nor any other person could be verbally or physically harmed.
6. Participate fully in those scheduled events that I attend, abide by group decisions made during the event, and be on time.
7. Show respect for other people, their thoughts, their ideas, and their stuff.
8. Use positive and appropriate language, including speaking with respect about individuals and groups of people. No derogatory words should be used to name or describe anyone or any group. I will encourage my friends and peers with encouraging language whether at church, school, or in the community.
9. I will realize that cell phones, mp3 players, portable computers, and other electronic devices are disruptive in group settings. I will therefore respect my peers and the decisions of the adult leaders to collect these devices when necessary or to place my phone in an off or silent position when allowed to keep these devices while participating in group activities.
10. I will not wear clothing that is inappropriate or too revealing. This includes but is not limited to: short skirts, clothing with inappropriate words or symbols, or immodest swimwear. Adult leaders will determine whether clothing changes are necessary while on trips.

I agree to abide by the First Baptist Youth Covenant. I understand that a violation of these expectations will result in being counseled by the Youth Minister in the presence of another youth worker. Considering the seriousness of the occurrence, the Youth Minister will have the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

**Signature of Youth:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_