

Immanuel Baptist Church
2555 S.26th St
Rogers, AR 72758

**PARENTAL/GUARDIAN LONG-TERM
NOTORIZED PERMISSION/RELEASE FORM**

A. STUDENTS AND FRIENDS OF IMMANUEL BAPTIST CHURCH:

I, _____, desire to participate in activities being held so that I may learn more about Jesus Christ, enjoy the friendship of others, and enjoy the activities and fellowship of other teens. I promise to follow the instructions of the Student Ministry Staff and to respect the rights of others. I promise to wear my seat belt when traveling to/from/during various events. I promise not to bring/use any alcohol, tobacco, or illegal drugs. I agree not to bring a radio, CD player, MP3 player, headphones, etc, unless explicitly permitted to by Student Ministry Staff personnel. **I agree that if I violate any of the conditions stated above, my parents/guardians will be notified and I may either be sent home at my expense, or my parents/guardians will be requested to pick me up before the activity is over.** **I have read the PARENT/GUARDIAN section below and agree with all information approved by my parent/guardian.**

Signature Of Student

Birth Date

Today's Date

B. PARENTS/GUARDIANS:

I/We give my/our participatory permission for my/our son/daughter _____
NAME OF STUDENT

to attend **all activities**, planned or informal, from July 2010 up to and including December 2011.

Should an emergency arise, the Student Ministry Staff and/or volunteers have my permission to obtain any and all necessary medical treatment for my/our son/daughter from a medical office or a hospital. I agree to hold harmless and indemnify Immanuel Baptist Church, its employees and volunteer staff, or any facility or business where activities take place, and its employees and volunteer staff against any claim or action that might arise on behalf of myself or my son/daughter, other than the willful, wanton or reckless misconduct of employees or volunteer staff. I agree to allow my/our son/daughter to travel to/from/during various events in various vehicles that may or may not be owned, rented, or operated by Immanuel Baptist Church, its employees or volunteer staff. **I also agree that if my/our son/daughter breaks his/hers above promises, I will be notified and will pay the expense of him/her being sent home before the activity is over or will pick up my/our son/daughter from the activity before it is over.**

I consent to the use of pictures or videos of my/our son/daughter in fliers, calendars, newsletters, or other appropriate visual material publicizing the ministries of Immanuel Baptist Church.

DATE

Signature of Parent or Guardian

HOME PHONE NUMBER

WORK PHONE NUMBER

ADDRESS

CITY

ST

ZIP CODE

(OVER)
Immanuel Baptist Church

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Rogers, AR 72758

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C. MEDICAL INFORMATION:

Allergies: _____

Medications now being taken: _____ Dosage: _____

Medical Conditions/ Problems: _____

Other Pertinent
Information: _____

D. INSURANCE INFORMATION:

NAME OF INSURED: _____

INSURANCE COMPANY: _____

INSURANCE POLICY # _____ GROUP # _____

IMMANUEL BAPTIST CHURCH PRACTICES SECONDARY INSURANCE CLAIMS. ALL CLAIMS ARE FIRST SUBMITTED TO YOUR INSURANCE COMPANY, THEN TO THE ORGANIZATION, IF FURTHER NEEDS ARE THERE. **THIS IS A LONG-TERM PERMISSION FORM! IF MEDICAL CONDITIONS OF YOUR SON/DAUGHTER CHANGE, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN OF THE STUDENT TO NOTIFY IMMANUEL BAPTIST CHURCH IN WRITING PRIOR TO ANY AND ALL EVENTS.**