

2021 Student Release Form  
First Baptist Church Wentzville  
653 Luetkenhaus Blvd.  
Wentzville, MO 63385

CONTACT INFO:

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male  Female

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Dad Name: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Dad Work: \_\_\_\_\_ Dad Home: \_\_\_\_\_

Mom Name: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Mom Work: \_\_\_\_\_ Mom Home: \_\_\_\_\_

If Parent cannot be reached contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

MEDICAL INFO:

Medical Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

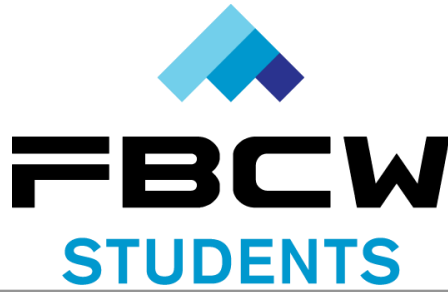
List of Known Allergies: \_\_\_\_\_

List of Medicines Taken Regularly: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Are there any other medical conditions or special instructions that we should know about: \_\_\_\_\_

\_\_\_\_\_



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RELEASE INFO:

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Initial below stating that you agree to the following:

\_\_\_\_ I understand that alcohol, drugs, tobacco, PDA, profanity, weapons, electronic devices (Ex. cell phones), fighting, destruction of property, leaving the assigned area without permission, disobeying a sponsor, inappropriate clothing, practical jokes, or any other misconduct is unacceptable. Students failure to comply can result in items being confiscated or the student being sent home at your expense.

\_\_\_\_ I understand that my student may have a video or pictures taken at the event or activities they attend, and these videos or pictures may be used for future promotion on a flyer, internet, videos, or other like sources.

\_\_\_\_ I understand that my child will take part in supervised physical activities. I understand that unless I indicate otherwise, my child is physically and medically able to participate in activities like swimming, playing sports, games, or other low-risk activities.

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EMERGENCY MEDICAL RELEASE:

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In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in a First Baptist Church Wentzville event. It is understood that First Baptist Church Wentzville personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions. I understand that First Baptist Church Wentzville cannot assume responsibility for medical expenses incurred in case of accident. I relieve First Baptist Church Wentzville, its ministers, and counselors from any liability with regard to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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THIS RELEASE FORM IS VALID FOR THE ENTIRE YEAR OF 2021

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