

# STUDENT RELEASE FORM 2023

First Baptist Church Wentzville | www.fbcwentzville.com | (636) 327-8696



## PERSONAL INFORMATION

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Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex:  Male  Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

## Parent/Guardian Contact Information

Dad's Name: \_\_\_\_\_  
Dad's Cell: \_\_\_\_\_ Dad's Home/Work: \_\_\_\_\_  
Mom's Name: \_\_\_\_\_  
Mom's Cell: \_\_\_\_\_ Mom's Home/Work: \_\_\_\_\_

## Backup Emergency Contact *If parents/guardians are unavailable, who should we contact?*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work/Home: \_\_\_\_\_  
The first person to contact in an emergency:  Mom  Dad  Other: \_\_\_\_\_

## MEDICAL INFORMATION

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Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Insurance Card

Name of Policy Holder: \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

## Medical Background

List of Known Allergies: \_\_\_\_\_  
List of Medicines Taken Regularly: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Other Medical Conditions or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

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## RELEASE INFORMATION

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Please initial below stating that you agree to the following:

\_\_\_\_\_ I understand that alcohol, drugs, tobacco, e-cigarettes, public displays of affection, profanity, weapons, fighting, stealing, destruction of property, leaving the assigned area without permission, disobeying a chaperone, inappropriate clothing, practical jokes, bullying, inappropriate touching, criminal activity, or any other misconduct is unacceptable. Failure to comply may result in items being confiscated, my student being sent home at my expense, and further disciplinary action.

\_\_\_\_\_ I understand that the limited use of electronic devices (cell phones, tablets, etc.) during student ministry activities is only permitted when specified by the Student Pastor. As a parent, I reserve the right to decide whether or not my student(s) will be allowed to participate in the limited use of electronic devices during student ministry activities. I understand that it is always prohibited to use electronic devices in inappropriate ways, including but not limited to viewing, liking, commenting on, sharing, or posting any content that is illicit, unsavory, abusive, pornographic, sexually suggestive, discriminatory, harassing, unkind, hateful, or disrespectful. Additionally, the usage of devices outside of specified times and specified purposes is prohibited. If a device becomes a distraction for my student, the Student Pastor or adult chaperones will confront him/her and intervene appropriately. Failure to comply to this policy may result in your student's device(s) being confiscated until the conclusion of the activity, and further disciplinary action.

\_\_\_\_\_ I understand that my student may take part in supervised physical activities that involves risk to my student and his/her parents or guardians and may result in various types of injury including, but not limited to, the following: sickness, exposure to infections or communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I understand that unless I indicate otherwise, my child is physically and medically able to participate in activities like swimming, playing sports, running, games, or other low-risk activities.

\_\_\_\_\_ My student and I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. My student and his/her parents accept personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the student that is authorized by an employee of First Baptist Church Wentzville, adult volunteers, or any other representatives. Further, the student and parents release and promise to indemnify, defend, and hold harmless First Baptist Church Wentzville, adult volunteers, and any other representatives for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of negligence of First Baptist Church Wentzville employees, adult volunteers, the student, or otherwise.

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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 student named below while participating in a First Baptist Church Wentzville activity. It is understood that First Baptist Church Wentzville personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed on page 1 of this form 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 employees, and chaperones from any liability with regard to my student.

Student's Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## PHOTO USE AGREEMENT

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First Baptist Church of Wentzville will not sell your student's name and image to any third party. I hereby grant, voluntarily and with full understanding, to First Baptist Church Wentzville, license to the following:

1. Use and storage of my student's name and image, by means of digital or film photography, audio recording or other documentation with respect to any ministry activities.
2. Use of any stored data including my student's name and image in printed publications, electronic publications, and in any website created by or for First Baptist Church Wentzville for its sole benefit.
3. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Student's Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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