South Gate Student Ministry Release Form

Effective: January 1–December 31, 2023

Please Print:

(1) Student Name: _____ Birthdate:____/____/____
Last First Middle

Year in School: _____ **Check:** Male ___ Female ___ **Email:** _____

Medical Concerns/Medications/Allergies: _____
(Continue on back if needed)

(2) Student Name: _____ Birthdate:____/____/____
Last First Middle

Year in School: _____ **Check:** Male ___ Female ___ **Email:** _____

Medical Concerns/Medications/Allergies: _____
(Continue on back if needed)

(3) Student Name: _____ Birthdate:____/____/____
Last First Middle

Year in School: _____ **Check:** Male ___ Female ___ **Email:** _____

Medical Concerns/Medications/Allergies: _____
(Continue on back if needed)

Address: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Medical Insurance Company: _____ Phone: _____

Family Physician: _____ Phone: _____

☐ I give permission for my child(ren)'s photo to be taken and/or used.

☐ I give permission for my child(ren) to be transported by South Gate staff and volunteers when related to South Gate events and ministry.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the church, its staff, and its volunteers of any liability in regard to the named child(ren). I, the undersigned, have legal custody of the student(s) named above and have given my consent for him/her to attend events being organized by South Gate Baptist Church. I understand that there are inherent risks involved in any youth ministry activity or event and hereby release the church, its staff, and its volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child(ren)'s involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a physician. I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student(s) named above.

Parent/Guardian Signature: _____ Date: ____/____/____

Please list any medications and/or other instructions concerning the care of your child(ren) on back: