

YOUTH RELEASE FORM

Fee Fee Baptist Student Ministry ~ 11330 St. Charles Rock Rd, Bridgeton, MO 63044 ~ 314-739-1525

P L E A S E P R I N T

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____ Policy No. _____

Please list any prescription medications your student is currently taking:

Please list any allergies _____

List person to contact in case parent cannot be reached in an emergency:

Contact _____ Phone _____

Physician _____ Phone _____

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## **EVENT: Washington DC Trip 2022 DATE(S): June 10-18, 2022**

This indicates the following:

- ✘ I release Fee Fee Baptist Church, its members, officers, agents, employees, and workers from any liability for any actions taken in good faith relating to any injuries or illnesses which might occur during the event/s listed on this form.
- ✘ I give the authority to any student ministry representative to make decisions for this student to receive medical treatment that may be required with the same authority as myself.
- ✘ I release Fee Fee Baptist Church, its members, officers, agents, employees, and workers from any expenses that might occur in relation to any above mentioned injuries or illnesses.
- ✘ I agree to be responsible for any damages or other unforeseen expenses incurred by the action of this student.
- ✘ I understand that photographs may be taken during this event and give full consent for these pictures to be used in church publications, social media accounts, and web site.

**I have read the above information and give my consent in its entirety.**

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date of Signature)

Parent/Guardian's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

Cell Phone(s) / Other: \_\_\_\_\_