



# FAIRFIELD YOUTH

# PERMISSION TO PARTICIPATE AND MEDICAL RELEASE FORM

**This release form must be completed in its entirety and returned to youth staff at Fairfield Baptist Church before participating in youth events. Completion of this form is mandatory for event participation.**

*Note: This form will be kept on file by Fairfield Baptist Church and is valid for 365 days from date of signing unless revoked.*

## PARTICIPANT INFORMATION

Participant Name (*First & Last*) \_\_\_\_\_

Birthdate (*MM/DD/YYYY*) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name (*First & Last*) \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name (*First & Last*) \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name (*First & Last*) \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

## MEDICAL INFORMATION

Health Insurance Provider \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physician Address \_\_\_\_\_

Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions & Physical Limitations \_\_\_\_\_

Medications \_\_\_\_\_

Blood Type \_\_\_\_\_ All Immunizations Current?      Yes      No

(*If no, please explain*) \_\_\_\_\_

Other Medical Information \_\_\_\_\_



## PARENT/GUARDIAN CONSENT AND RELEASE OF LIABILITY

I, \_\_\_\_\_, the Parent or Legal Guardian of \_\_\_\_\_, hereby grant permission for my child to participate in the Fairfield Baptist Church Youth Group ("Fairfield Youth"). Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

I recognize that Fairfield Youth uses photographs and videos of events in our publicity materials such as the church website, newspapers, newsletters, and social media, and I hereby grant permission for photo/video of my child to be taken and used for such purposes (please advise Fairfield staff if your child is in protective care so we may help monitor for privacy and safety purposes).

My child may be given acetaminophen/ibuprofen as needed unless otherwise specified in writing by myself. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. Any medical expenses are the responsibility of the participant and their insurance carrier. Limited coverage of excess medical expense is available through the church's insurance.

By signing this form, I acknowledge that there is always the potential for accidents and incidents beyond our control. This includes during travel as well as time spent at the location of ministry. As the parent/guardian of the child listed above, I release Fairfield Baptist Church, its staff, volunteers, and representatives of all liability for anything accidental or acts done outside the power of adult leaders during this event, including the actions of my child.

I sign this form with the assurance that the utmost care will be taken to provide for my child's safety and wellbeing. I acknowledge the competence of youth staff and consent to their leadership during youth/church activities and events.

Signed \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

## MEDIA USE AND COMMUNICATION

Fairfield Youth and its leadership may communicate with parents/guardians and students about events and activities using email, text messages, social media (i.e. Facebook, Instagram), pictures and video, or other means.

At Fairfield Baptist Church we believe that the safety of our young people is extremely important. In order for us to maintain high levels of safety and protection of young people involved in our groups we ensure that all our staff and volunteer leaders are appropriately screened, have a completed and passed background check on file with us, and are given training on appropriate leadership and behavior around young people.

**Email:** Youth staff may utilize email to promote events and provide important updates. The parent/guardian may request that all email correspondence be through their email address in addition to, or in place of, their child's email.

**Text Messaging:** Youth staff utilize text messaging to provide event information, answer questions pertaining to the program, and other uses. We encourage awareness of your child's electronic communications activity.

**Social Media:** Youth staff utilize social media primarily to inform and communicate about upcoming activities/events and post pictures and/or video about past activities/events. The possible use of social media to communicate directly with a specific child is for replies to questions relating to the program. Fairfield Baptist Church and Fairfield Youth use separate accounts which are exclusively for church use. We encourage parental monitoring of your child's online activity.

**Photos and Videos:** At various events we may take photos or video which will be used for church displays, leaflets, youth group videos, church website and church social media accounts. Please inform youth staff if your child and/or family is in protective care so we can adjust our media use to accommodate any applicable regulations.

Acknowledged by (sign) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_