



2014 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: _____ Work: _____ 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:

Initial below stating that you agree to the following:

_____ I understand that alcohol, drugs, tobacco, PDA, profanity, weapons, electronic devices (Ex. cell phones, I-Pods), 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.

EMERGENCY MEDICAL RELEASE:

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: _____

THIS RELEASE FORM IS VALID FOR THE ENTIRE YEAR OF 2014
