

**SECOND BAPTIST CHURCH STUDENT MINISTRIES
GENERAL PERMISSION FORM 2011-2012**

Through this agreement, I give _____ my permission ("Permission Form") to participate with the Second Baptist Student Ministries on their various events and outings. These events and outings range from concerts, camps, retreats, local recreational activities, and mission projects. I realize that this is a general form to be placed on file in the office of the Minister of Students, which Second Baptist Student Ministries may use when necessary. I also understand that a separate short form, which incorporates this Permission Form therein, will be used for each particular event to show that I have further consented thereto for my student to travel with the Student Ministries of Second Baptist Church.

Student's Age _____ Date of Birth _____ Grade _____

Parent/Guardian Name(s) _____

Preferred Phone (home/work/cell) _____

If unable to reach parent/guardian in case of an emergency, contact _____ Phone _____

2nd contact _____ Phone _____

If a medical emergency should arise while at the outing/event and I cannot be immediately contacted, I hereby give permission to the Second Baptist Church Minister of Students, or designated adult representative of Second Baptist Church to select a physician and/or hospital for my child's care. I hereby also give the physician and/or hospital, as selected by the Second Baptist Church Minister of Students, or designated adult representative of Second Baptist Church, my permission to hospitalize, medically treat, order injections, anesthesia, or surgery as medically necessary for my child, as reasonably determined and advised by proper medical personnel.

Insurance company name: (Please attach a copy of insurance card) _____

Policy No. _____ Exp. Date _____ Type of coverage _____

Address of company: _____

Signature _____ Relationship to Child _____

PERMISSION TO USE PHOTOGRAPHS

I authorize Second Baptist Church (including Student Ministries and other church related entities) to use photographs of (the above named) for educational or promotional purposes in any type of printed or electronic media, including its website.

Parent/Guardian Signature _____ Date _____

STUDENT WAIVER AS TO PERSONAL PROPERTY

I understand that it is my responsibility to safeguard any personal property I bring on any outing/event. I further understand that Second Baptist Church will not be responsible under any circumstances for any property lost, misplaced, or stolen, either directly or indirectly. I further understand that such loss may or may not be covered under my homeowner's policy and that arrangements for such insurance are my responsibility. I also acknowledge and agree that Second Baptist Church does not have any insurance coverage related to any such loss of my own personal property. Finally, I understand that no person has any authority to modify the terms of this waiver, except in writing by an authorized individual of the Finance Committee of Second Baptist Church.

Student Signature _____ Date _____

The undersigned parent(s)/guardian(s) of _____, have signed below to indicate our agreement to the foregoing.

Parent/Guardian Signature(s) _____

Date _____

Date _____

Please print your name and address here:

_____ Phone number _____
