

Kenly Original Free Will Baptist Church

Parent/Guardian Release Form

Student Information:

Student Name: _____

Age of Student: _____ Student Birth Date (Month/Date/Year): _____

If student's address is different than parent or guardian's, please complete below.

Physical Address: _____

City: _____ State: _____ Zip Code: _____

If student's mailing address is different than their physical address, please complete below.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Parent/Guardian Contact Number(s): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

If mailing address is different than physical address, please complete below.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Health and Emergency Information:

Emergency Contact Name(s):

Emergency Contact Phone Number(s):

Allergies (Please list all):

Health Insurance Company: _____ Policy #: _____

Family Physician: _____

Physician's Phone Number: _____

Medication Information:

Medications: _____

I, _____, understand as the parent/legal guardian of _____, that only I can administer medication to my student unless deemed necessary under the judgement of a recognized medical facility under the general or special supervision of a licensed physician.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18 years of age): _____ Date: _____

Other Information:

Are there any adults or family members that are not legally authorized to pick up your student? If so, please list their name and relation to student if applicable:

Any additional medical notes we should be aware of:

Any additional notes you feel we should know or be aware of about your student:

I, _____, the parent/guardian of _____, hereby declare that the above information is accurate and up to date.

Parent/Guardian Signature: _____

Date: _____

Student Signature (If over 18 years of age): _____

Date: _____

Youth and Children's Ministry Director's Signature: _____

Date: _____

I, _____, hereby give my consent as the parent/guardian of _____, for his/her involvement in the Kenly Original Free Will Baptist Youth and Children's Ministry Activities for January 2018 through January 2019. Kenly Original Free Will Baptist Church Staff and Adult Chaperones will provide supervision. Church van or chaperone personal vehicle may provide transportation.

I understand that my student will not be allowed to leave unless they have prior written permission given to the Youth and Children's Ministry Director, Bre Woodruff, from a parent or guardian.

I understand that all possible caution will be taken by those persons in charge to prevent injuries, but neither the chaperones, church staff, nor the church will be held responsible in case of accident or injury.

I hereby any adult representative of Kenly Original Free Will Baptist to consent to any medical treatment of above named child, which in the judgement of a recognized medical facility, under the general or special supervision of a licensed physician, may be deemed necessary.

I also understand that if the behavior of my student causes any disruption in the planned activity, I will be called at once to come and pick up my student immediately.

Parent/Guardian Signature: _____

Date: _____

Student Signature (If over 18 years of age): _____

Date: _____

Youth and Children's Ministry Director's Signature: _____

Date: _____

Photo Release Form
Kenly Original Free Will Baptist
Youth and Children's Ministry

Kenly Free Will Baptist
107 E Edgerton St
Kenly, NC 27542

I, _____, grant Kenly Original Free Will Baptist, it's representatives and employees, the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all photographs or videos taken of me and my property including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. I agree that Kenly Free Will Baptist may use such photographs of me with or without my name and for any lawful purpose. I understand that this authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue from January 2018 until January 2019 unless I otherwise revoke said authorization in writing.

I have read and understand the above information.

Name of Student: _____

Age of Student: _____ Student Birthdate (Month/Day/Year): _____

Signature of Student (if over age of 18): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Youth and Children's Ministry Director: _____

Date: _____