

**ACTIVITY AND EMERGENCY CONSENT FORM
NAPIER PARKVIEW BAPTIST CHURCH
YOUTH MINISTRIES DEPARTMENT**

Name (please print) _____ Birthdate _____

Address _____ City _____ State/Zip _____

Home Phone # () _____

Where Parent may be reached when not at home: _____

Father's Complete Name _____ Phone () _____

Mother's Complete Name _____ Phone () _____

Guardian's Complete Name _____ Phone () _____

Local Physician's Name _____ Office Phone # () _____

Address _____ Home Phone # () _____

Insurance Company _____ Employer _____

Subscriber _____ Relationship _____ Type: Group _____ Individual _____

Policy # _____

Family History of Bleeding? Yes _____ No _____

Any Allergies to Medications? Yes _____ No _____

If Yes to either question, Please Explain: _____

Date of Last Tetanus Shot _____

Parent's Medical Release Statement

In case of accident or serious illness, I request the church organization to contact me and/or the physician listed. If it is impossible to reach me or the physician, I hereby authorize the staff, sponsors, or any other duly designated leader of the Napier Parkview Baptist Church of Benton Harbor, MI to secure medical treatment necessary for my child. This includes any hospital or physician en route when traveling to or from activities, as well as local emergency needs when activities are at the church or other areas. I understand that I must inform the church immediately of any change in the information presented in this form, including any health changes which would restrict my child's participation in any normal children's activities. I also understand that this form is valid until revoked by the person who signed it.

READ, UNDERSTAND, AND SIGN THE REVERSE SIDE OF THIS FORM

Standards of Conduct

As a participant in official Napier Parkview Baptist Church Youth activities, each teenager will be expected to refrain from the use of the following while under the supervision of the church staff, sponsors, or designated leaders: alcohol, tobacco products, illegal drugs, abusive language, profanity, disrespect, indecent or immoral behavior, secular and/or personal music (walkman, discman, etc.).

These standards are intended to help create a good atmosphere for Christian fun and spiritual growth. Please understand that disregard of these standards will not be tolerated and that we reserve the right to correct and/or send home your teen at your expense if these standards are not followed. It is expected that your teenager will be obedient to the leaders of the activity as they have your teen’s best interest at heart.

Parental Consent for Participation

I consent to the participation of my teen (name) _____ in the customary activities of the Youth program including camping, hiking, swimming, boating and sporting events. I certify that my child is physically fit and is capable of participating in activities such as those listed above. I have listed on the back of this form any exceptions or physical limitation to the above statement.

I understand that participation of my teen in the youth program may involve a youth worker of the same gender as my teen, being alone with my teen in cases such as transportation and discipleship activities. I also understand that I will be notified when one-on-one discipleship activities are planned.

Parent’s Affirmation

I have read and understand both sides of this form and agree with the statements made therein. I have discussed the medical release statement and standards of conduct with my teen named below and do authorize and uphold the policies described above.

Name of teenager _____

(Signature of child’s father or guardian) Witness: _____ Date: _____

(Signature of child’s mother or guardian) Witness: _____ Date: _____

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