

Yearly Parental Consent Form  
Saylorville Baptist Church Student Ministries  
Jan. 1, 2008 – Dec. 31, 2008  
(This sheet covers all activities involving SBC)

Teen's Name \_\_\_\_\_  
Does your child have allergic reaction to any medication? \_\_\_\_\_  
Is there any medical information you feel we should have concerning your  
son/daughter? \_\_\_\_\_  
\_\_\_\_\_

All medicine must be turned over to the sponsors before leaving.

Emergency numbers

Parents' names \_\_\_\_\_

Parents' home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact if parents can't be reached \_\_\_\_\_ phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

\*Attendance at all outings is a privilege contingent upon the cooperation of each young person. Those traveling with Saylorville Baptist Student Ministry are expected to follow the standards of conduct, dress and attitude.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE IN ACTIVITY INVOLVING THE SAYLORVILLE BAPTIST CHURCH STUDENT MINISTRY FROM Jan. 1, 2008 – Dec. 31, 2008. When it is deemed necessary for my son/daughter's health, the sponsors may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I shall in no way hold Saylorville Baptist Church or its sponsors responsible for any financial obligation. **I understand that in case of emergency, every opportunity will be made to reach me.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_