

Yearly Parental Consent Form
Saylorville Baptist Church Student Ministries
September 1, 2008 – August 30, 2009
(This sheet covers all activities involving SBC)

Student'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 contact and number _____

Parents' names _____

Parents' home phone _____ Work Phone _____

Insurance carrier _____ ID# _____

*Attendance at all outings is a privilege contingent upon the cooperation of each young person. Those traveling with Saylorville Baptist Youth Group 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 September 1, 2008 – August 30, 2009. 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 _____
