Student Name _____ Grade_____

First Baptist Church of Rock Hill, South Carolina
Medical Release and Consent Form

RELEASE OF LIABILITY

I desire for my child/ward _____ to participate in **First Baptist Church of Rock Hill SC** Youth activities for the school year beginning **September 1, 2025 and ending August 31, 2026** and give my permission for him/her to do so.

❑ I further authorize **First Baptist Church of Rock Hill SC** and its volunteers, staff, and agents to provide first aid to my son/ daughter in accord with their judgment, and this treatment may include the administration of over-the-counter (non-prescription) medications to my child and other medications which my child has been prescribed. In the event my child/ward, in the opinion of First Baptist Church of Rock Hill SC or its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted.

❑ I further understand that **photos and videos** of youth activities will be taken and authorize the taking and publication of photographs and videos of my child/ward via the internet or other medium.

❑ I understand that youth activities may include **travel by church vehicles and private vehicles**, and such vehicles will be driven by church staff and approved adult volunteers.

❑ I further understand that youth activities may include swimming and other dangerous activities. In consideration for my child/ward being allowed to participate in First Baptist Church of Rock Hill SC youth activities, I freely and voluntarily assume the risk of personal injury to my child, even if the result of the negligence of First Baptist Church of Rock Hill SC or its volunteers, staff, or agents, and further release and hold harmless First Baptist Church of Rock Hill SC and its volunteers, staff, and agents with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

RULES OF CONDUCT

We expect each participant to conform to these rules of conduct. Those who fail to comply with these expectations may be sent home at parents'/guardians expense.

- No possession or use of alcohol, drugs, or nicotine in any form (tobacco, vaping, etc.)
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, leaders, and employees
- No cell phones (unless approved by event/activity leader)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

first baptist Rock Hill

Student Name _____ Grade_____

Medical and Liability Release Form

2025-2026—ALL Ministry Events

Please print all information

Last Name	First Name	Middle Name	"Goes by" Name	Gender

Date of Birth	Grade	School	Student's Mobile	Student's Email

Address	City	State	Zip Code

Mother's Name	Mobile	Email

Father's Name	Mobile	Email

Emergency Contact #1	Mobile	Relationship

Medical History

Allergic to:	Yes	No
Medications		
Peanuts		
Bees/Wasps		
Other:		
Explain reaction:		

List Current Medical Conditions	Medication Prescribed	Dosage

Do you have HEALTH INSURANCE? ❑Yes ❑No If so, please complete the following:

Information for the person who carries the insurance

Name:_____ Date of Birth:_____

Insurance Company:_____ Policy #:_____

Please do not sign until in the presence of a Notary

_____

Participant (if under age of 21) Date

_____

Parent or legal guardian Date

Please do not write in this area.

Notary Public Use Only:

_____

Name (please print)

_____

Signature

My commission expires _____

Signed before me on the _____ day of _____

in the year _____.