

Laurelwood Kids Ministry Release Form

Laurelwood Baptist Church
17015 NE 6th Street
Vancouver, WA 98684

Phone: 360-892-1060 Fax: 360-892-4760 www.laurelwoodbc.com

THIS FORM IS TO BE COMPLETED IN BLACK OR BLUE INK **BY THE MINOR'S PARENT/GUARDIAN**

Participant Name: _____ Birthdate: _____ Gender: M F

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

School Now Attending: _____ Year: K 1 2 3 4 5

Student Lives with: Mother Father Both Guardian Email Address: _____

Parent/Guardian Name: _____ Phone: _____

Employed By: _____ Work Number: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION Date of Last Tetanus: _____

Family Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

List Any Allergies (peanut, bee sting, etc.): _____

Past Medical History (i.e. diabetes, asthma, seizures, motion sickness): _____

List any Medications Currently Taking: _____

List any Activity or Dietary Restrictions: _____

Are you aware of any RECENT injuries, illnesses, or other medical conditions that may cause additional and/or new injury when participating in any event?: Yes No

CONSENT FOR EMERGENCY TREATMENT

In case of emergency, I hereby give permission to the physician selected by Laurelwood Baptist Church leaders to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery, for my child/ward as named above. In the event medical treatment is necessary, as stated, I give permission for my child to participate in all activities. If any changes occur, I will contact Laurelwood Baptist Church at the above address.

I, therefore, agree to assume as an explicit condition of my child's/ward's participations, any and all risks. I agree to hold harmless Laurelwood Baptist Church, its personnel, or other individual transporting my child from any and all liability, claims, damages, and expenses that may arise due to participation of my child/ward in any activities of the above organization.

I understand it is my responsibility to inform Laurelwood Baptist Church leaders of my child's/ward's change in any medical history that may cause additional and/or new injury when participating in any and all events.

Signature of Staff Member or Parent/Guardian: _____ Date: _____

STUDENT/PARTICIPANT AGREEMENT

I understand that participation in Kids' Ministry activities requires respectful, safe, and cooperative behavior. I agree to follow the instructions of leaders, use kind words and actions, stay in designated areas, and help create a positive environment for everyone. I understand that if unsafe or disruptive behavior continues, a parent/guardian may be contacted, and participation may be paused to ensure safety for all.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____