

**APPENDIX A**

# OLIVE BRANCH BAPTIST CHURCH YOUTH ACTIVITY PERMISSION FORM

**For Church Year: September 1, 20\_\_ through August 31, 20\_\_**  
Youth Ministry Direct Supervisor: Rev. Brandon Minter, Associate Pastor

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
☐ Male ☐ Female Current Grade: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Home/Work/Cell Phone # \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*I, the undersigned parent/legal guardian of the above named student, hereby give permission for my child to participate in all activities sponsored by Olive Branch Baptist Church and its Youth Council during the 20\_\_ - 20\_\_ church year. I fully understand that my child is responsible for knowing and abiding by the rules and regulations established by Olive Branch Baptist Church and the hosts of these activities.*

## STUDENT'S MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date of last Tetanus shot: \_\_\_\_\_  
 Prescription medications to be administered during church activity hours: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other medications taken on a regular (daily) basis to be administered during church activity hours: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have any of the following! (please check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Recreational limits | <input type="checkbox"/> Food Allergies           |
| <input type="checkbox"/> Drug Allergies    | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Other Medical Conditions |

If yes to any of the above, please explain and list all dietary restrictions, special considerations, medications & other treatments required by your child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: ALL medications to be given during church activities must be in a current ORIGINAL PRESCRIPTION CONTAINER with pharmacy label attached.

**INSURANCE**

Medical Insurance Co.: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Policyholder's Name: \_\_\_\_\_

*\*Please note that all personal information related to your child will be used only for purposes of recordkeeping by Olive Branch Baptist Church and will never be shared with any outside parties.*

## APPENDIX A

### ACTIVITY PERMISSIONS & RESTRICTIONS

- ☐ I do not want my child to participate in any of the activities listed below.
- ☐ I hereby give permission for my child to participated in the following activities. I understand that the church leaders, staff, and volunteers will do everything possible to keep my child safe in this environment.

**Note:** If health history shows physical limitations or restrictions for rigorous activities, your child will be required to have a doctor's written permission for participation indicating any limitations.

*Please check all activities that your child may participate in. Life jackets will be required for all students participating in water related activities (including swimming, as indicated by parent).*

**Students are required to bring a personal life jacket for water activities if he/she has one.**

- ☐ Boat Riding    ☐ Canoeing    ☐ Pedal Boat Riding    ☐ Water Skiing    ☐ Tubing    ☐ Skating
- ☐ Jet Ski Riding    ☐ Swimming: \_\_\_\_\_WITHOUT a life jacket    \_\_\_\_\_WITH a life jacket
- ☐ Sports (Write any sports you do not wish your child to participate in here: \_\_\_\_\_)
- ☐ Group games and activities

## MEDICAL & LIABILITY RELEASE

I hereby authorize the adult Olive Branch Baptist Church staff, volunteers, and leaders to seek & obtain medical treatment by a licensed physician, hospital, or other health professional for examination and treatment of any injury or illness that may arise during the term of said activities. I understand that in the event of a medical emergency, every effort will be made to contact the parent/guardian listed. ***In the event that I cannot be reached, I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child.*** In consideration of this acceptance for said activities, Olive Branch Baptist Church (i.e. leaders, staff, volunteers, and board members) and Concord Baptist Association are hereby released and relieved from liability for accident, illness and injury to said child arising from any and all activities of these events.

**I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child is currently taking. Permission is hereby given for my named child's adult leaders to administer prescription medications as directed on the original prescription container.**

Permission is also hereby given for the adult leaders, staff and volunteers of Olive Branch Baptist Church to administer the following over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges, anti-nausea/diarrhea, Epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, chapped skin/lip treatment, antiseptic skin and wound cleaners, electrolyte replacement fluids, sunscreen, insect repellent, and analgesic balms and gels, **except** as follows: \_\_\_\_\_

Permission is hereby given for my child to ride in the church van or with one of the volunteer adult drivers. Permission is also hereby given for use of the following by Olive Branch Baptist Church for promotional or fund raising purposes: (1) pictures and video taken during activity; (2) quotations from evaluations and letters relating to activity experience; and (3) name, address, phone number and e-mail address for church database.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Name (s): \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

OTHER EMERGENCY CONTACTS (Name & phone numbers, please). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please note that all personal information related to your child will be used only for purposes of recordkeeping by Olive Branch Baptist Church and will never be shared with any outside parties.*