



SafeChurch®



Minor Participation Authorization and Consent to Emergency Medical Treatment Form for 2012-2013

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in all activities on and off site of
Spring Hills Baptist Church: UTH and/or Amplify Youth Ministry
(hereafter "the activity/activities") from July 1st , 20 12 to June 30th , 20 13

I recognize that there are risks involved in participating in these activities and hereby assume all
risk of injury, harm, damage, or death to my minor child in connection with his/her participation
in these activities.

To the fullest extent permitted by law, I release Spring Hills Baptist Church, its trustees, officers,
directors, employees, agents and representatives from any injury, harm, damage or death which
may occur to my minor child while participating in any activities and agree to save and hold
harmless Spring Hills Baptist Church , its trustees, officers, directors, employees, agents and
representatives from any claims arising out of my minor child's participation in the activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical,
surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor
child. I understand that efforts will be made to contact me prior to treatment but, in the event I
cannot be reached in an emergency, I give permission to the activity leader to make the
decisions necessary for treatment. Should there be no activity leader available, I give
permission to the attending physician to treat my minor child. As parent or legal guardian, I
understand that I am responsible for the health care decisions of my minor child and agree that
my insurance plan is the primary plan to pay for the medical, dental, or hospital care or
treatment that is given to my minor child. Any insurance policy of the church or organization
sponsoring the events will be used as the secondary coverage.

Executed this _____ day of _____, 20____.

Signature _____

Printed Name _____

Witness: _____

Witness: _____

Insurance Information: _____ / _____

Carrier

Policy #





Student Emergency Information Form
For events occurring during the 2012/2013 School Year

Student Name _____
(First) (Last)

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Do you text? YES NO

Birthday ____/____/____ Age _____ Grade (2012/2013) 7th 8th 9th 10th 11th 12th

Student Email _____ @ _____

Home Church: _____

Mother/Guardian _____ Cell Phone (____) _____

Father/Guardian _____ Cell Phone (____) _____

Emergency Contact (other than those listed above)

Name Relationship Cell Phone (____)

Allergies: _____

Medication: _____ Date of Last Tetanus Shot: ____/____/____

