

LAKEWOOD BAPTIST CHURCH
STUDENT RELEASE FORM
AGES 18 & UNDER
JANUARY 1, 2026 - DECEMBER 31, 2026

We the parents and/or guardians of _____ hereby consent and authorize our child to participate in any student activities sponsored by **Lakewood Baptist Church during the entire year of 2026**. I will not hold the church, or any individual acting on behalf of the church, liable or in any way responsible for any injuries or harm done to my child because of or in conjunction with any student ministry activity. In addition, I authorize **Lakewood Baptist Church or any individual acting on behalf of the church** to seek medical attention for my child should it be needed because of injury or sickness. Neither the church nor any individual acting on behalf of the church shall be liable for any medical attention rendered by a doctor, hospital, clinic, nurse, or any other individual or facility because of injury or sickness.

Student's Name: First _____ Middle _____ Last _____

Home Address: Number and Street _____

City and State _____ Zip Code _____

Phone: _____ **Birth Date:** _____ **Age** _____

Parent or Guardian (1): _____ **Relationship** _____

Home Phone #: _____

Cell Phone #: _____ **Email:** _____

Work #: _____ **Workplace:** _____

Parent or Guardian (2): _____ **Relationship** _____

Home Phone #: _____

Cell Phone #: _____ **Email:** _____

Work Phone #: _____ **Workplace:** _____

Additional Emergency Contact: _____

Relationship: _____ **Contact number:** _____

Health Questions (Circle All That Apply):

Asthma	Heart Problems	Sinusitis	Convulsions/seizures
Allergies	Sleepwalking	Chronic Sore Throat	Upset Stomach
Diabetes	Fainting	Bronchitis	Ear Trouble
Kidney Trouble	Anorexia	Bulimia	Other: _____

List All Allergies (Food, Drug, Insect, etc.): _____

Medications Currently Taking: _____

Phobias or Fears: _____

Special Diet: _____

Should your student's activities be restricted in any way? _____

If so, Please Explain: _____

Family Doctor _____ Phone: _____

Discipline: Although behavior incidents are rare, some occasions do merit disciplinary action. I understand that by allowing my child to attend student ministry activities, I will be contacted first if any individual acting on behalf of the church determines that my child needs to be sent home before the scheduled departure of the student group. **Furthermore, I agree to pay all return transportation costs for my child if necessary.**

*** My student is allowed to ride with other students.** Please initial if o.k. _____

***YOU MAY ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM
INSTEAD OF FILLING OUT THE INSURANCE SECTION. PLEASE MAKE SURE
ALL INFORMATION ASKED FOR IS COVERED AND CURRENT.**

*Insurance Company: _____

*Policy Number: _____

*Insurance Phone Number: _____

Parent or Guardian Signature: _____ **Date** _____

Notary:

Affix seal below:

Name: _____

My commission expires: _____

Sworn to and subscribed before me this
_____ Day of _____ 20__

Lakewood Baptist Church, 4011 Lakewood Dr., Phenix City, AL 36867 (334) 298-6433