

# CHILD PERMISSION / MEDICAL INFORMATION

## Students

\_\_\_\_\_ has my permission to participate in all children's ministry activities, retreats, camps, mission trips, weeknight & Sunday evening events, and Sunday school during **August 1, 2025 – September 1, 2026** that are sponsored by Benson Baptist Church, Benson, NC.

Child DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Child T-Shirt Size \_\_\_\_\_ (youth sizes)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### **IN CASE OF EMERGENCY:**

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

### **If Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

## **MEDICAL INFORMATION**

Knows how to swim Y N

Tetanus shot up to date (include date) \_\_\_\_\_ Y N

Any reaction to insect bites/stings Y N

Asthma Y N

Any reaction to sun/sunburn Y N

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

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

I certify that the above information is true and correct to the best of my knowledge and will make the Minister of Youth and Children aware of any changes.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please read and complete Medical Waiver/Authorization and Photography Consent on the reverse side.**

**REVISED: 7/16/2025**

# CONSENT WAIVER AND MEDICAL AUTHORIZATION

## **RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES**

I have consented to participation of \_\_\_\_\_ in the church sponsored activity described in the accompanying **CONSENT FORM, MEDICAL INFORMATION & COVENANT** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Benson Baptist Church, Benson, North Carolina, the ministers, the staff, or church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** Benson Baptist Church, its ministers, staff, and church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**. This release specifically covers and **releases** any and all claims against Benson Baptist Church, its ministers, employees, and church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Benson Baptist Church, its ministers, employees, and church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.

4. I further authorize Benson Baptist Church, its ministers, staff, or church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Benson Baptist Church for this medical care.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## **PHOTO PERMISSION**

I grant permission for my child's photo and name to be used on BBC's website and other media outlets.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

### **Sponsoring Staff Members:**

**Will Raybon**, Associate Pastor for Children, Youth, and Families  
#919-894-4777 x26

**REVISED: 7/16/2025**