



**Parental Consent and Health Release Form**

Youth's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (incl. city & zip) \_\_\_\_\_

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Email Address (please print) \_\_\_\_\_

I give permission for my child to attend/participate in \_\_\_\_\_.

New Birth Missionary Baptist Church, Inc., Bishop Long, the Student Ministries Director and all adult leaders require that all youth participating with the ministry during any activity, exhibit respect and appropriate behavior on or off the property of NEWBIRTH®. I understand that it is the policy of New Birth Missionary Baptist Church, Inc. to prohibit the use of illegal drugs and alcohol during this event. The NEWBIRTH® youth leaders have my permission to send my child home at MY EXPENSE for any behavior deemed exceedingly disruptive during this event. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

In the event of illness, injury or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give NEWBIRTH®, its officers, employees, staff, and youth leaders, permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while at the event. I absolve New Birth Missionary Baptist Church, Inc., Bishop Long, or any other NEWBIRTH® official or leader from any liability in regards to my child's involvement in the abovementioned activity. I also absolve NEWBIRTH® in acting on my behalf so long as they are not grossly negligent.

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

Emergency Phone Numbers:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Information: (Required)

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical disabilities \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

Youth's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_