

PARENT RELEASE FORM

This form is required for all students participating on a Mission Project. For students that are 18 but still in the care of parents/guardians, we ask that the form is still completed and signed by the student and parent.

Applicant Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Applicant Phone: _____ Applicant email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ Parent/Guardian email: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: _____ Cell/ Work Phone: _____

Secondary Emergency Contact: _____ Phone: _____

Prohibited Activities (for a minor participant, if applicable): _____

Does the student have any known allergies (medicine, food, or other)? **Yes** **No**

If yes, what? _____

Does the student take any medications regularly? **Yes** **No**

If yes, what medications? _____

For what reason? _____

Does the student have any other medical conditions we should know about? _____

Date of last tetanus immunization: _____

The above named child has current medical insurance coverage through:

Insurance Company: _____ Name on Policy: _____

Insurance Company Phone: _____ Policy Number: _____

Does your insurance company require notification prior to emergency health care at a hospital? **Yes** **No**

If yes, Phone Number: _____

****Please include a copy of your insurance card***

My child, _____ will be participating in Mission trip, a ministry operated by the INSERT CHURCH in the Summer of 2024. In the event that my child shall need emergency medical attention or care, the INSERT CHURCH leadership, or any of the partnering field representative leadership is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance or travel insurance shall be my responsibility. I understand that INSERT CHURCH will not be obligated to pay either the health care professional or me for any medical expenses incurred.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

Furthermore, the Parent releases and promises to indemnify, defend, and hold harmless Oklahoma Baptists, INSERT CHURCH, and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly out of the listed ministry projects, whether such injury arises from the negligence of INSERT CHURCH or otherwise.

I understand that if behavioral issues arise, I will be solely responsible for the financial burden of any expenses incurred by INSERT CHURCH. This includes but is not limited to property damage, transportation (flight, travel, etc.), or any other financial decisions made by INSERT CHURCH because of a behavioral issue of the participant.

I understand that my child’s name and image may be included in video or photographs that may be made during the project or training. I understand that a promotional or highlight video may be available for sale during and/or after the project. I consent that my child’s name and image may appear on videos, promotional resources, INSERT CHURCH or Oklahoma Baptists endorsed web sites, printed or electronic publications, etc.

I give authority and permission to INSERT CHURCH and any of their staff or agents to inspect my child’s belongings while on a Mission Project if the need arises.

I understand that there will be some form of communication from INSERT CHURCH with myself and my student via phone calls, texts, messages, and/or emails.

I have received and read the Parent information about the mission project and I have received satisfactory answers to all my questions about such information. I have read and reviewed with my child the Code of Conduct and Dress Code.

Parent Signature: _____ Date: _____

Parent Printed Name: _____ Relationship to child: _____

Participant Signature(if 18+) : _____ Date: _____

.....

I HAVE READ AND AGREE TO THE CODE OF CONDUCT AND DRESS CODE AND WILL ABIDE BY THEM.

Participant Signature: _____ Date: _____