



# Permission & Release: 2025-2026

This Permission/Release form is for all minors in our Children & Youth Ministries at Bethel Baptist Church of Aumsville. It is for the authorization & consent to treatment of a minor for the ministry year (July-June).

## Student Information:

Student Name			
Date of Birth		Age	
School Attending		Grade	
Parent/Legal Guardians			
Street Address w/ City, State, Zip (list if more than one)			
Mailing Address w/ City, State, Zip (list if more than one)			
Home Phone			
Mobile Phone			
Email			
Church Presently Attending			

## Medical & Insurance Information:

Please note any allergies, learning disabilities or emotional problems your child has that we need to be aware of

Emergency Contact (other than parent)		Home Ph. #	
		Mobile #	
Doctor's Name			
Doctor's Phone #			
Insurance Company		Ins. ID #	

## Signature

"In the event of any emergency, I hereby authorize an adult leader of Bethel's Children's & Youth Ministries, as an agent for me, to provide consent for any x-ray, medical or dental examination, surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect that this adult leader will notify me, personally, as soon as possible if there is an accident requiring the services of a physician." <sup>11</sup>

I also authorize an adult leader of Bethel's Children & Youth Ministries to separate and restrain my child as needed to prevent him/her from harming themselves and/or other children and leaders, in the most appropriate manner for the situation."

"I hereby release and hold harmless Bethel Baptist Church of Aumsville, its staff and volunteer leaders, from responsibility and liability for any illness or injury that my child may sustain during any Children's or Youth Ministry event."

YES	NO	
<input type="radio"/>	<input type="radio"/>	I give permission for my child to participate in electronic group communications.
	<input type="checkbox"/>	↳ ...but only communications with parental involvement
<input type="radio"/>	<input type="radio"/>	I give permission for my child's photo to be taken.
<input type="radio"/>	<input type="radio"/>	I give permission for my child's photo to be posted on bulletin boards or online for church ministry.

***By typing my full name below, I affirm that the information I have provided is true and complete to the best of my knowledge. I understand this typed name serves as my legally binding electronic signature under the U.S. ESIGN Act and UETA.***

**Full Name of Parent/Guardian**  
(Serves as your electronic signature)

**Date**

**Please contact one of the Awana Commanders or Secretaries, or a Children's Ministry Leader if your insurance or contact information changes before January 2026.**

## January 2026 Update:

I certify the above information is still correct, or I have corrected it.

***By typing my full name below, I affirm that the information I have provided is true and complete to the best of my knowledge. I understand this typed name serves as my legally binding electronic signature under the U.S. ESIGN Act and UETA.***

**Full Name of Parent/Guardian**  
(Serves as your electronic signature)

**Date**