

**BETHEL BAPTIST CHURCH (July 2024 through June 2025)**

**Permission/Release for all Children's and Youth Ministries**

**Authorization for Consent to Treatment of a Minor**

Student Name: \_\_\_\_\_ Age: \_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade: \_\_\_\_ School Attending: \_\_\_\_\_  
Parent Names (legal guardian): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ email: \_\_\_\_\_  
Church Presently Attending, \_\_\_\_\_

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

Emergency Contact (other than parent): \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_

"In the event of any emergency, I hereby authorize an adult leader of Bethel's Children and Youth Ministries, as an agent for me, to consent to any x-ray, examination medical, dental or 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." "

I also authorize an adult leader of Bethel's Children and 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."

Parent/Guardian 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 2025.**

**January 2025 update: I certify the above information is still correct, or I have corrected it.**  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_