

SRBC Consent Form 2021/2022

Student Agreement

For your information, we expect each student to conform to these rules of conduct while under SRBC's care:

- No possession or use of alcohol or drugs
- No students may drive other students or staff to or from events
- No fighting, weapons, fireworks, lighters, or explosives
- Respect property
- Respect peers, staff and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense where applicable.

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Parent initials: _____

Parent Agreement

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the youth pastor prior to the event.

Information collected will be used for this youth ministry and may be used for future contact in connection with Sunshine Ridge Baptist Church to keep you informed of the available program options.

Pictures and videos of my child may be used for the purposes of the youth ministry, and may be used for the church program purposes.

Parent/guardian initial: Yes _____ No _____

This consent form gives permission to Sunshine Ridge Baptist Church to seek whatever medical attention is deemed necessary to treat any injuries or ailments that my child could encounter.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by Sunshine Ridge Baptist Church. Activities may include, but are not limited to: camps, potlucks, dodge ball, hide and seek, trips to community businesses (Starbucks, 7-11, etc.), soccer, full church games, swimming, games in the park, hiking, concerts, bible studies, and offsite day events. I/We understand that there are inherent risks involved in any ministry or athletic event including, but not limited to the following: Sprained or broken limbs, concussion, bruises, and cuts. In the event that my/our child is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Sunshine Ridge Baptist Church, I/we agree to hold such person free and harmless for any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring me/our child home at my/our expense should they become ill or if deemed necessary by the staff of the youth ministry program. I/We also agree to hold harmless and indemnify the releases from any and all liability for any property damage or personal injury to any third party resulting from my child's participation in the Sunshine Ridge Baptist Church's Youth Program.

Name of Child: _____ has my permission to attend all Sunshine Ridge youth activities from **October 6th 2021 to October 6th 2022**

Parent/guardian signature: _____ Date _____

Please print name: _____

Email address: _____

Youth Ministry Witness: _____

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RSM Student Info Form

Please print clearly in blue or black ink

Name: _____ Age: _____ Birthday(MM/DD/YYYY) _____

Grade: _____ School Attending: _____ Gender: _____

Email: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Care Card Number: _____

Home phone: _____ Cell: _____

Parent/Guardian's name: _____ Phone: Home _____ Work _____

Parent/Guardian's name: _____ Phone: Home _____ Work _____

Is there a custody arrangement that we should be aware of? _____
If yes, please describe and provide a hard copy of the agreement.

Alternate Emergency Contact: _____ Phone(h) _____ (w) _____

Medical History:

Parents, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this information in print on a separate form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For the student's safety and our knowledge, is your student a:

Good Swimmer _____ Fair Swimmer _____ Non-Swimmer _____

2. Does the student have allergies to:

Pollens _____ If so, please describe _____

Medications _____ If so, please describe _____

Food _____ If so, please describe _____

Insect Bites _____ If so, please describe _____

Other _____ If so, please describe _____

3. Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma _____ Heart Trouble _____ Diabetes _____ Epilepsy/Seizure _____ Physical Handicap _____

Frequent Upset Stomach _____ Anaphylactic Shock _____ Other _____

4. Please list and explain any major illness and injuries the student experienced during the past year: _____

Additional Comments: _____