## Trip Permission Slip (December 1, 2018 – December 1, 2019)

| Student Name  | Student's Cell #   |  |
|---|--|--|
| Ignite Student Ministry sponsored tr<br>give permission for my Student to ac<br>Ministry. My child has permission to<br>of Friendship's Student Ministry cha<br>designated by the adult in whose car<br>and participating in activities sponso<br>permission for my Student to be trea<br>illness if taken to an emergency roor<br>understand that my Student will be e | ips and activities of my choosing. I furtherm company Friendship Baptist Church Student participate in all activities under the supervious perones. My Student may also ride in any verte the minor has been entrusted while attending ted by Friendship Baptist Church. I further gotted by a physician or nurse in case of accident. I understand I will be contacted immediate expected to adhere to the rules and regulations ailure to do so may result in dismissal from the | ore,<br>sion<br>hick<br>g<br>rant<br>nt or<br>ely. I |
| Ignite Student Ministry staff to ensu   | ed occur, I am responsible for contacting The re that my Student's documents are updated.  |  |
| Parent/Custodial Adult  | Date   |  |
| Parent/Custodial Contact information: Email address   | cell number<br>Carrier   |  |
| be required to obey the chaperones responsing safety and protection, as well as in ordesuccessful event. I agree to abide by the ru   | lent in an activity of Friendship's Student Ministry, I sible for the trip. I recognize that rules are set in place or to provide the kind of structure necessary to condules and regulations set in place by the Friendship's place we are visiting. I understand that if I fail to abid int.   | e for<br>act a                                       |
| Student   | Date   |  |
| Friendship Student Ministry Policy for Fy   | ants   |  |

#### Friendship Student Ministry Policy for Events

<sup>\*</sup> On outings you represent our church, student ministry, friends and families. Your actions show your character. Please be appropriate.

<sup>\*</sup>The use of drugs or alcohol, any infractions of the law, weapons, or sexually related activities will not be permitted at any Friendship's Church

<sup>\*</sup> During sleep over events Students are required to stay in designated areas and no other friends are allowed to visit.

<sup>\*</sup> Any Student who is 18 years or older and is still participating in the student ministry as a Student is required to follow all the rules of a minor.

<sup>\*</sup> If a specific individual(s) is identified who has broken this policy, they will be asked to leave the function. If individual(s) cannot be identified, then the function will end, and everyone will be asked to leave.

# Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Student Activities

| Student name:                      |   |       |
|------------------------------------|---|-------|
| (Last) (First) (M.I.)              |   |       |
| Birthdate:                         |   |       |
| Address:                           |   |       |
| Street, City, State Zip            |   |       |
| Home Phone:                        | Student's Cell Number:                      |       |
| Email address:                     |   |       |
|                                    |   |       |
| Parent(s)/Custodial Adult(s)' Nam  | ne(s):                                      |       |
| Parent(s)/Custodial Adult(s) Phon  | e numbers:                                  |       |
| Work phone(s):                     |   |       |
| Cell phone(s):                     |   |       |
| _                                  |   |       |
| In case of emergency contact:      |   |       |
| 1) Name:                           | Home phone:                                 |       |
| Relationship:                      | Cell phone:                                 |       |
| 2) Name:                           | Home phone:                                 |       |
| Relationship:                      | Cell phone:                                 |       |
|                                    |   |       |
| Name and phone number of prima     | ary treating physician:                     |       |
|                                    |   | _     |
| Allergies (including medications S | tudent can NOT take) / Special Health Conce | erns: |
|                                    |   |       |
|                                    |   |       |

### **Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or custodial adult(s) of above listed Student, I/we give permission for Friendship Baptist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

| 1  |   |
|--|---|
| Parent/Custodial Adult   | Parent/Custodial Adult  |
| Medical Insurance Company:   |   |
| Policy/Group Number:   |   |
| Participant I.D. Number:   |   |
| Medical Insurance Phone Number:  |   |
| ***a copy of the insurance card will be at   | ttached to this form.   |
| Permission to Participate; Release,  | Waiver of Liability, and Indemnity Agreement  |
| Church, both on the church premises and else Student to participate in the activities of Fried Church, its officers, agents, employees, staff whatsoever for any loss or injury to my/our activities of Friendship Church; and I/we age Friendship Baptist Church, its officers, agent liability of any kind whatsoever for loss or in the premises of Friendship Church or resulting Church, including loss or injury resulting from agree that this permission and agreement sharps. | udent to participate in the activities of Friendship Baptist sewhere. In consideration of the opportunity of my endship Baptist Church, I/we release Friendship Baptist f, and volunteers from any and all liability of any kind Student arising from Student's participation in the cree to indemnify and hold forever harmless the fits, employees, staff, and volunteers from any and all njury to my/our Student arising from activities on or off ing from traveling to or from the activities of Friendship om negligence or gross negligence. I/we understand and all remain in effect until revoked in writing by me/us, our responsibility to update our Student's medical and |

Parent/Custodial Adult

Parent/Custodial Adult

### **Permission to Travel in Vehicle with One Adult Present**

| I/we give permission for Student to travel in a vehicle operated and occupied by only one adult.   |                        |  |  |
|--|------------------------|--|--|
| Please circle your response: I do give permission.   |                        |  |  |
| I do NOT give permission.  |                        |  |  |
| Parent/Custodial Adult   | Parent/Custodial Adult |  |  |
|  | Photo Permission       |  |  |
| I/we understand that my child may be photographed while participating in the activities of Friendship Baptist Church. I/we (do) or (do not) give permission for a recognizable image of my child to be posted on Friendship's website (including Facebook, Instagram, Twitter) or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted. |                        |  |  |
| Please circle your response: I do give permission.   |                        |  |  |
| I do NOT give permission.  |                        |  |  |
| Parent/Custodial Adult   | Parent/Custodial Adult |  |  |