

First Baptist Church of New Port Richey Elevate Student Ministries Parental Consent Form

I/We the parent(s)/guardian(s) of _____, give our permission for our son/daughter to participate in any and all activities, games, events, camps, trips, etc., that the First Baptist Church of New Port Richey Elevate Student Ministries sponsors during the 2025 and 2026 calendar years.

Photo Release Permission

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken of my student during ESM events for publicity, promotional, or social media uses.

Yes, I consent

No, I do not consent

Print Name(s) _____

Relationship to Student _____

Signature(s) _____

Date _____



First Baptist Church Release Form

I, the undersigned Parent or Guardian of _____, a minor, so hereby authorize leaders of First Baptist Church of New Port Richey, Florida, to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of the above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician, surgeon, or dentist properly qualified and licensed under the laws of the state in which he/she practices.

PLEASE PRINT

I do ___ do not ___ carry personal medical insurance coverage on the above named minor.

Medical Insurance Company _____

Policy Number _____ Phone _____

Address _____

I do ___ do not ___ carry personal dental insurance coverage on the above named minor.

Dental Insurance Company _____

Policy Number _____ Phone _____

Address _____

MEDICAL / PERSONAL INFORMATION Please print

Name _____ Age _____ Date of Birth _____

Home Address _____

Home Phone Number _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

In case of emergency call:

Name _____ Phone Number _____

Name _____ Phone Number _____

List & specify and medical conditions, allergies, disabilities, or medications being taken:

Date of most recent vaccinations: MMR _____ DPT _____ Polio _____ Tetanus _____

Are there any special concerns or instructions of which we need to be aware?

Signature of Parent/Guardian _____ Date _____