

*Please fill out **BOTH** sides of this form. Thank you!*

**Annual Trip Release / Emergency Medical Form  
Brandywine Valley Baptist Church  
August 2019 - July 2020**

I give my permission for \_\_\_\_\_, who is in grade \_\_\_\_\_, to participate in all Student Ministry sponsored trips away from the church premises throughout the current year stated above. Students will be accompanied and supervised by adult leadership. I understand that I will be given at least 48-hours' notice of all trips away from the church premises. I further understand that I may revoke permission for a specific trip by written notice hand-delivered to Student Ministry leadership more than one day prior to the trip.

Although Brandywine Valley Baptist Church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Brandywine Valley Baptist Church, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

I give permission for photos and video taken of my child during events to be used by Brandywine Valley Baptist Church for promotional purposes (newsletter, website, bulletin boards, etc.).

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after reasonable effort, I give permission for church staff or Student Ministry volunteers to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for church staff or Student Ministry volunteers to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Relationship to Student

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian E-Mail Address

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Allergies (including food, plants, animals, reactions to medications, etc.): \_\_\_\_\_

May Tylenol (acetaminophen) be given? \_\_\_\_\_ Advil (ibuprofen)? \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Any other medical conditions or health issues: \_\_\_\_\_

Local physician's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician's office address: \_\_\_\_\_  
Street City State Zip

Local dentist's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist's office address: \_\_\_\_\_  
Street City State Zip

Insurance Company: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Where parents can be reached if not at home:

Father Work#: \_\_\_\_\_ Mother Work#: \_\_\_\_\_

Father Cell#: \_\_\_\_\_ Mother Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_