



# 2025 Minor Participation Authorization and Consent to Emergency Medical Treatment Form

### STUDENT INFORMATION

Name of student: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Secondary emergency contact name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### MEDICAL INFORMATION

Is your student presently being treated for an injury or sickness, or taking any medication(s)?  Yes  No

If yes, please explain and/or list medications: \_\_\_\_\_

\_\_\_\_\_

Does your student ever sleepwalk?  Yes  No

Student's blood type \_\_\_\_\_ (if known)

Does your student have a physical disability preventing them from participating in normal rigorous activity?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### CONSENT AND CERTIFICATION

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all scheduled student ministry activities of **Faith Baptist Church – Festus, MO**, and any other supervised activities customarily associated with its student ministry, including rallies, overnight, weekend, or week-long trips beginning on the date this form is signed through December 31, 2025. Further, I certify my student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the student pastor in writing.

**Note to Parent:** If giving consent for only one activity, or if this consent is otherwise restricted, please specify:

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

I understand I will be notified in the case of a medical emergency. However, in the event I cannot be reached, I authorize the use of appropriate emergency medical services in the event my student is injured or becomes ill. I authorize one or more of the following persons to make emergency medical decisions on behalf of my student, if required by law or a health care provider: **Jason Walters** (student pastor), another adult chaperone designated by the student pastor, and \_\_\_\_\_ . (**Note to parent:** you may add or delete a name as desired.) I authorize these persons to act in my place to consent all necessary and appropriate x-ray examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care.

I understand **Faith Baptist Church – Festus, MO** will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the student pastor in writing of any health changes that would restrict my student's participation in any normal student ministry activities. I also understand the student pastor and designated adult chaperones reserve the right to restrict my student from any activity they do not feel is within the physical capabilities of my student.

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**Signature of Parent or Guardian**

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**Date**

**YOUTH PLEDGE**

I hereby pledge to uphold all policies of the Student Ministry of **Faith Baptist Church – Festus, MO**. During all student ministry activities and all trips. I pledge to follow all instructions of the student pastor and the adult chaperones, including safety instructions.

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**Signature of Student**

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**Date**