



Student Ministry

909 Plantation Rd
Anderson SC 29621
864-2248701
www.ForestHillBaptistChurch.com



Student Name _____ Grade _____ DOB _____

Address _____

Parents Name (Legal Guardians) _____

Relation _____ Phone _____ (home cell)

Relation _____ Phone _____ (home cell)

Email _____ [Please provide the email address you use the most often.]

Emergency Contact _____

Relation _____ Phone _____ home cell

Insurance Number _____

Provider _____ Provider Phone _____

Dr. _____ Phone _____

Health Concerns / Medications (attach additional pages if needed)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Forest Hill Baptist and its staff of any liability against personal losses.

I, the undersigned, willingly allow my son/daughter _____ to participate in events/programs organized by our church. In the event that he/she is injured and requires the attention of a doctor, I 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 the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate and active for any care my child may require.

Signature of Parent/Guardian _____ Date _____

This form will be kept on file in the youth pastor's office in the church, and will be taken on each trip as needed. You do not need to fill out a new form, unless there are changes. Please return, signed and completed, to Forest Hill Baptist Church. Thank you.