

**BCPSJ STUDENT CONFERENCE (YEC)**  
**Permission & Release Form '10**

Church Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Emergency Contact & Phone Numbers: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Past Medical History**

Immunizations:      Polio Booster      Tetanus      Mumps

Medical Conditions:    Heart Trouble      Hay Fever      Sinusitis      Bronchitis      Diabetes

Kidney Trouble      Dizziness      Asthma      Other: \_\_\_\_\_

Known Allergies:

Food: \_\_\_\_\_

Penicillin or other Drug Type: \_\_\_\_\_

Insect Stings or Bites: \_\_\_\_\_

Other: \_\_\_\_\_

Previous Operations / Serious Illnesses / Diseases: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special Diet (Name/Description): \_\_\_\_\_

**Permission for Treatment and Photo/Video Notice**

I understand that as a participant, my child may be photographed or videotaped during normal Youth Evangelism Celebration activities. These photos/videos may be used in promotional materials and publications including the BCPSJ website.

I agree to this usage      I disagree & do not grant permission     Parent/Guardian's initials \_\_\_\_\_

My permission is granted for the Youth Evangelism Celebration director, church official, and any Baptist Convention of Pennsylvania / South Jersey staff or youth leader in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Guardian's initials \_\_\_\_\_

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, state conventions and employees from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in the Youth Evangelism Celebration.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date