



# Parental Permission Form

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Dear Parent or Guardian,

Please provide the following information for your child. Without a signed permission form, your child will not be able to attend the event. If you have multiple children attending the event, you must submit a separate permission form for each child. If you have any questions or concerns, please contact the church office.

Thanks,

**Bob Clardy**

*Associate Pastor*

*Whitefield Baptist Church*

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## Event Details

**Event Name:**

Candela 2018 (Youth Summer Retreat)

**Event Dates:**

August 2, 2018 - August 5, 2018

**Event Location:**

St. Christopher Camp and Conference Center  
Johns Island, SC

**Additional Information:**

More event information can be found online at: [summer.whitefieldbc.com](http://summer.whitefieldbc.com)

## Personal Information

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

## Emergency Information

### Medical

Known Allergies (Food/Medication): \_\_\_\_\_

\_\_\_\_\_

Chronic or recurring illnesses/injuries: \_\_\_\_\_

\_\_\_\_\_

Current Daily Medications (For Counselors' Awareness):

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

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

Other Relevant Medical Information: \_\_\_\_\_

\_\_\_\_\_

### Insurance

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

Subscriber's Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

### In case of Emergency, please notify:

1. Name \_\_\_\_\_

Contact # \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

2. Name \_\_\_\_\_

Contact # \_\_\_\_\_

Relationship to Minor \_\_\_\_\_



## Parental Consent

I give my permission for my child, \_\_\_\_\_, to attend and take part in all activities with the Whitefield Baptist Church Youth Ministry for the Event described above. With this statement, I release Whitefield Baptist Church and/or its counselors of any liability in the case of an accident or injury. I understand that, in the event of medical treatment being required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the counselors to secure services of a licensed physician to provide the care necessary, (including anesthesia or medications), for my child's well-being in the state of South Carolina in the year of signature indicated below.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Parent or Guardian Signature)

I understand the photograph(s) or video or audio recording(s) taken of my child by Counselors or representatives of Whitefield Baptist Church shall be used in connection with the Church's dissemination of information by its public service and religious programs to the general public. I hereby irrevocably authorize the Church to copy, exhibit, publish or distribute any and all such images and audio of my child, including composite or artistic forms and media, for purposes of publicizing Church programs or for any other **lawful** purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Parent or Guardian Signature)

I understand that should there be a problem with discipline with my child, I will be contacted and my child will be sent home promptly at my expense.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Parent or Guardian Signature)

**Note: This Form MUST be notarized BEFORE it is submitted. Notary use only below this line.**

## NOTARY PUBLIC

On this the \_\_\_\_\_ day of \_\_\_\_\_ 2017, \_\_\_\_\_ personally appeared before me, \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 2017.

My commission expires: \_\_\_\_\_

\_\_\_\_\_ Notary Public