



Parental Permission Form

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 me directly at: [\(864\) 437-9260](tel:8644379260)

Thanks,
Jeremy Smith
Senior Pastor
Whitefield Baptist Church

Event Details

Event Name:

Candela 2017 (Youth Summer Retreat)

Event Dates:

Thursday, June 29, 2017 - Sunday, July 2, 2017

Event Location:

Coastal Retreat Center
Isle of Palms, SC

Additional Information:

More event information can be found online at: 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.

(Legal Parent or Guardian Signature) Date: _____

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.

(Legal Parent or Guardian Signature) Date: _____

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.

(Legal Parent or Guardian Signature) Date: _____

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