

# BOHBC Student Ministry Consent Form 2020

*If the Parent/Guardian wishes to rescind any portion of this agreement they may do so at any time with written notice.*

**This form applies to my Middle School and/or High School child(ren), listed below:**

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Students Cell phone \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Students Cell phone \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Students Cell phone \_\_\_\_\_

## ➔ EVENTS PERMISSION AND MEDICAL RELEASE

I give permission for my child(ren) to take part in all Black Oak Heights Baptist Church Student Ministry events and activities for **the year 2020**. I hereby release Black Oak Heights Baptist Church, and its staff or Adult Chaperones from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of these activities as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary for my child by a licensed medical or dental professional. Every attempt will be made to contact the parent/guardian with information provided prior to emergency care but if such a situation arises and I am not available it is my desire that my child(ren) be taken care of immediately.

I agree to keep current contact information on file with BOHBC. I further agree to pay all charges for the medical, dental or hospital care or treatment. **\*Copy of Insurance card is required for Medical**

\_\_\_\_\_ I give permission      \_\_\_\_\_ I **do not** give permission

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Change in Contact Information

If any of your family's contact information changes at any time please let us know by contacting the Student Pastor, by sending an email to [revrandys@gmail.com](mailto:revrandys@gmail.com) or Office by calling 865-689-5397.

**Today's Date** \_\_\_\_\_ **Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Black Oak Heights Baptist Church  
405 Black Oak Drive  
Knoxville, Tn 37912**