

Hey Youth and Parents!

DNOW is getting closer every day (March 22-24)! Attached in this envelope are the details and medical release form. This form counts as the sign up sheet to attend! Cost is \$50, which will include t-shirt, meals, and activities on Saturday. If you need more forms or papers, please text or call me/the church office and I will print more off for friends and/or family that you are inviting.

What is DNOW? DNOW is a weekend discipleship event that allows students time to relax, play games, and grow closer to God. Students will stay in host homes, boys in one, girls in another, and gather at the church for all worship times and recreation. This year, we have been looking at what it means to be fully devoted to Christ, not mere spectators. DNOW will follow this theme, with Steve Cloud bringing the message for the students!

As always, if you have any questions or comments, please feel free to reach out!

Sincerely,

Bryson Riley

Family Pastor

Abernathy's FBC

[brysonriley551@gmail.com](mailto:brysonriley551@gmail.com)

(806)787-9140

# Minor Participation Consent & Medical Release

***Please print in ink.*** Date: \_\_\_\_\_ (Effective for one year)

Name of Minor Participant: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
(Last) (First) (Middle)

Grade in school \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Minor Participant Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Office phone \_\_\_\_\_

\_\_\_\_\_

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

## **Medical History & Information**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken:

Check the following areas of concern for this participant. If necessary, add another page with details: 1. Does this participant have allergies to

\_\_\_\_\_ pollens \_\_\_\_\_ medications \_\_\_\_\_ food \_\_\_\_\_ insect bites

If yes, please explain:

2. Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:

\_\_\_\_\_ asthma \_\_\_\_\_ epilepsy/seizure disorder \_\_\_\_\_ heart trouble \_\_\_\_\_ diabetes

\_\_\_\_\_ frequently upset stomach \_\_\_\_\_ physical handicap \_\_\_\_\_ other

3. Date of last tetanus shot: \_\_\_\_\_

4. Please list and explain any major illnesses this participant experienced during the past

year:

Additional Comments:

5. Should this participant's activities be restricted for any reason? Please explain:

### **Minor Participation Consent & Medical Release**

#### **Behavioral Expectations**

For your information, we expect each participant to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No minors can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Participants who fail to comply with these expectations will be **sent home at their parents' expense**.

I, the minor participant, have read the rules of conduct and the above evaluation of my health and permission to participate in group activities. I agree to abide by the stated personal limitations and code of conduct.

Minor Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Consent to Participate & Medical Release**

\_\_\_\_\_(Minor Participants Name Printed) has my permission to attend all activities and events sponsored by Abernathy' First Baptist Church of Abernathy, TX.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Abernathy's First Baptist Church and its staff of any liability against personal losses of named participants. It also allows First Baptist Church to use any media, digital video, or digital pictures that are collected in relation to activities.

I/We the undersigned have legal custody of the minor named above, a minor, and have given our consent for him/her to attend events being organized by the Abernathy's First Baptist Church including those requiring travel by vehicle and overnight stays.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Abernathy's First Baptist Church, its staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our participant's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we 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 Abernathy's First Baptist Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above.

I/We also agree to bring my/our participant home at my/our own expense should they become ill or if deemed necessary by a church staff member.

I/We give permission to Abernathy's First Baptist Church to take and use pictures, video, and personal accounts of the activities and events on social media, official website(s), and in print publications.

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_