

**MEDICAL AND LIABILITY RELEASE FORM**  
**LaGrange Baptist Student Ministries**  
**1139 Commerce Pkwy., LaGrange, KY 40031 (502)222-9306**

Name of Student \_\_\_\_\_

Birth day \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Parent's Work ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Group or Policy number \_\_\_\_\_

In Emergency, notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Activity Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_

What restrictions? \_\_\_\_\_

Anything else we need to know about your son/daughter (epilepsy, heart condition, fainting spells, etc.): \_\_\_\_\_

Last tetanus shot \_\_\_\_\_ Allergies? \_\_\_\_\_

My student may ride in the vehicle of an adult volunteer with LaGrange Baptist Student Ministries: Yes \_\_\_\_\_ No \_\_\_\_\_

**Liability Release**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in all church-related social activities. They also agree not to hold this church, its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor of LaGrange Baptist Church.

Parent/Guardian (Print) \_\_\_\_\_ Mother/ Father/Legal Guardian

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**LaGrange Baptist Student Ministry Discipline Policy**

Our ministry seeks to create an environment of activities and programs that will, while working alongside the families, train and educate students toward Christ-likeness. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow. These standards include:

- Following the direction of the adult leadership
- Showing respect and a cooperative attitude
- Respecting the rights and property of others
- Abstaining from the use of drugs, alcohol and tobacco during any church sponsored activity and any other activity deemed inappropriate for a church sponsored activity.

These standards remain consistent in their nature, but vary in specifics from activity to activity as the goals and purposes of each activity vary. When students choose not to abide by these standards, disciplinary responses are given including loss of free time, work detail, separation from the main group, etc. In minor cases, this is the only response given. In moderate cases, these responses are given and the parent is usually informed. In more serious cases, the parent may be asked to pick up their son/daughter from the activity or pay for the expense of sending the student home. In all cases, the ministry benefit to the student and the entire group, remain as the primary goals. Discipline is always administered for the good of the student and the group.

*I have read the above statements of discipline policy and will abide by them.*

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ Date \_\_\_\_\_

I have read the above statements of discipline policy and am in agreement with them and will, if deemed necessary by the leadership, pick up my son/daughter from an activity or pay the expense of sending the student home.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ Date \_\_\_\_\_