

South Joplin Christian Church  
(Disciples of Christ)

Rev. Dr. Colleen Carroll and Rev. Kathryn L. Wilson, Pastors



**Annual Permission Form 2019-2020**  
for South Joplin Christian Church Sponsored Events  
Youth Group (4th - 12th Grade)

<b>STUDENT'S INFORMATION:</b>		
_____	_____	_____
Full Name (first, middle, last)		Birth Date (month/day/year)
_____	_____	_____
Street Address	City, State Zip	Email
(____) _____	_____	(____) _____
Student Phone	Parent/Guardian Name	Parent/Guardian Cell Phone
_____	_____	_____
Name of School Currently Attending		Grade (beginning August 2019)
_____		_____
Health Insurance Carrier/Medicaid		Policy Number
_____		_____
_____	_____	_____
Date of last Tetanus Shot	Name of Primary Care Physician	Preferred Hospital
_____	_____	_____
Allergies or Medical Conditions (if necessary, please attach page with detailed explanations)		
_____		
Current Medications (if necessary, please attach page with detailed explanations)		
_____		
Any Special Medical Instructions (if necessary, please attach page with detailed explanations)		
_____		

(Student's Name) \_\_\_\_\_ has the permission of the undersigned to participate in the South Joplin Christian Church Youth Group events including overnight events and those where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective from **September 2019 through August 2020**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents/guardian of the participant.

\_\_\_\_\_  
Parent/Guardian Signature (required)      Printed Name of Parent/Guardian      Relationship

*In the event that I (parent/guardian) can't be reached, an emergency call may be made to the following person:*

\_\_\_\_\_  
Printed Name of Emergency Contact      Emergency Contact Phone      Relationship

*Original to be kept on file at South Joplin Christian Church office.*

*South Joplin Christian Church  
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**Annual Media Release Form 2019-2020  
for South Joplin Christian Church Sponsored Events  
Youth Group (4th—12th Grade)**

**Please check the appropriate box in both the Video/Media and Internet Photo Permission statements.**

**VIDEO/MEDIA PERMISSION**

- I DO** give my permission for my child to appear in media release (photographs) authorized by South Joplin Christian Church. Further, **I DO** give my permission for my child to be included in any videotaped events/activities. I understand that these videotapes may be aired over local and/or national television channels. Additionally, photographs in newspapers may identify my child.
  
- I DO NOT** give my permission for my child to appear in the media releases (photographs) authorized by South Joplin Christian Church. Further, **I DO NOT** give my permission for my child to be included in any videotaping.

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**INTERNET PHOTO/VIDEO-USE PERMISSION**

- I DO** give my permission for photos or video of my child to be posted on the internet through the church's web pages and social media outlets. These photos/videos may be put on the web pages designed to show activities that are happening with church projects/ministries and/or with member recognition. If a child's name is used, we will post first names only.
  
- I DO NOT** give my permission for photos/videos of my child to be posted on the Internet through the church's web pages/social media.

(Student's Name) \_\_\_\_\_

This Media Release form is effective from **September 2019 through August 2020.**

\_\_\_\_\_  
**Parent/Guardian Signature (required)**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Relationship**

*Original to be kept on file at South Joplin Christian Church office.*