



FOOD PANTRY AND GARDENS YOUTH PERMISSION FORM

Student Information

Student Name: _____ Date of Birth: _____

Father/Guardian Name: _____ Phone #: _____

Mother/Guardian Name: _____ Phone #: _____

Person(s) to contact in the event the parents or guardians cannot be reached.

Contact #1: _____ Relationship to Child: _____ Phone #: _____

Contact #2: _____ Relationship to Child: _____ Phone #: _____

Medical Information

Please list any special medical concerns (including allergies, medication, special needs, etc):

Permission

I hereby grant permission for my child to volunteer at the Columbia Baptist Church Food Pantry and/or Columbia Baptist Church Gardens on a continuing basis. I understand the nature and risk level of the activities in which my student may be a participant. In the event of an emergency, adult volunteers will seek immediate medical attention as appropriate. The Parent/Guardian agrees to indemnify and hold harmless Columbia Baptist Church (CBC) against any claim, demand, debt, obligation, liability, cost, expense, right of action, or cause of action based on, arising out of such emergency. I authorize any adult volunteer at CBC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for my student.

I further agree to be responsible for any medical expenses, and/or property damage incurred on behalf of or by my student. Also, I understand that as a participant in this event, my child may be photographed or videotaped during event activities and these photos/videos may be used in promotional materials.

Student Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

