



Nineteenth Street Baptist Church
Vacation Bible School and Youth Ministry Extended Day Program
4606 16th St. NW, Washington D.C. 20011

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

For the period of June 22-26, 2026, for the hours of \_\_\_\_\_ to \_\_\_\_\_, I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Vacation Bible School and the Youth Ministry Extended Day Program of Nineteenth Street Baptist Church, located at the above address. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Nineteenth Street Baptist Church.

Medical Release

I hereby authorize the Youth Group leaders, volunteers, Nineteenth Street Baptist Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any X-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Youth Group leaders of Nineteenth Street Baptist Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the Vacation Bible School and the Youth Extended Program of Nineteenth Street Baptist Church, except as noted:

EMERGENCY CONTACT INFORMATION AND CONSENT

Parents/Guardians: \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

## **MEDICAL AND OTHER PARTICIPANT INFORMATION**

Please list any allergies to drugs, foods, plants, insects, etc.:

Does your child wear glasses or contacts?

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures:

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, sensitivities to bright light, etc.):

Please share any information that would be supportive for us as we get to know your child(ren).

**PARENT/GUARDIAN PHOTO CONSENT**

You have received this parental consent form to both inform you and to request your permission for your child's photo/image and name to be published on websites maintained, owned, and/or administrated by Nineteenth Street Baptist Church. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Youth and Young Adult Pastor, Rev. James Harris, and such rescission will take effect upon receipt.

Check one of the following choices:

\_\_\_\_\_ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published on the Nineteenth Street Baptist Church public website or any site operated by Nineteenth Street Baptist Church.

\_\_\_\_\_ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on Nineteenth Street Baptist Church public website or any site operated by Nineteenth Street Baptist Church.

\_\_\_\_\_ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the Nineteenth Street Baptist Church public website or any site operated by Nineteenth Street Baptist Church.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Printed name of Parent or Guardian**

\_\_\_\_\_  
**Date**

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Revised 4/21/2026