

ANNUAL MEDICAL RELEASE & PERMISSION FORM

Effective Dates: _____ to _____

Name: _____ Birthday _____

Age _____
 Last First Middle

Grade _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Wk Phone _____ Cell Phone _____

Father's Name _____ Wk Phone _____ Cell Phone _____

Emergency Contact _____ Wk Phone _____ Cell Phone _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical Insurance Company _____ Policy Number _____

Medical History

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Stomach Trouble	Other _____

Allergies:

Food: _____ Insect Stings/Bites _____

Medication: _____ Poison Oak, Ivy etc: _____

Does this student wear: Glasses _____ Contacts _____ Dental Appliances _____

Previous Operations or Serious Illness:

Should this student's activities be restricted for any reason? _____

STUDENT CONDUCT AGREEMENT

ALL STUDENTS PARTICIPATING IN CHURCH EVENTS MUST ADHERE TO THE FOLLOWING:

- Follow Travel Guidelines at all times
- No possession or use of alcohol, drugs or tobacco
- Students may not drive or transport other students at any time
- No weapons, fireworks, lighters or anything else that explodes
- No offensive or immodest clothing
- Respect "Off Limits" areas at all times
- Group participation is expected
- Respect leaders, staff and fellow students
- Respect and comply with all event schedules

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS' EXPENSE!

I understand the Student Conduct Agreement and agree to abide by this code of conduct.

Student's Signature _____ Date _____

PARENTS INFORMATION AND CONSENT

There are times when the student ministry events/activities can be very strenuous, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Youth Minister or Youth Volunteer Leader prior to the event.

_____ has my permission to attend all youth activities sponsored by _____ from _____ to _____.

Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff of any liability against personal loss.

I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent's Signature _____ Date _____