

**Medical Release & Permission Form****Effective dates: June 2010 through September 2011**

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***Please print in ink***

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender M / F

Grade \_\_\_\_\_ School \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Parent/Guardian email(s) \_\_\_\_\_

Family phones (who/#) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Other contact (non-parent) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office phone (\_\_\_\_) \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the youth staff should be aware, and what (if any) action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
 good swimmer       fair swimmer       non-swimmer
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap
- Please list and explain any major illnesses the child experienced during the last year:
- List any allergies (medications, food, animals, etc.) that your child has:
- List names of medications that your child must take:
- Is your child under a physician's care for any reason? Please explain:
- Should this child's activities be restricted for any reason? Please explain:

*[read and sign back page]*

# Medical Release & Permission Form

**For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, or explosives
- No bullying or physical intimidation
- No offensive or immodest clothing
- No boys in girls' sleeping areas and no girls in boys' sleeping areas
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Seatbelts are to be worn while traveling

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: service projects, retreats, mission trips, other trips, weekly meetings, campouts, boating, water skiing, swimming, games, camp, biking, concerts, ropes challenge courses, bell-ringing, 30-Hour Famine, travel to events. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Russ Friesen prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by Community Bible Church (hereinafter the "Church") from June 2010 through September 2011.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by licensed medical personnel. In the event treatment is required from medical personnel and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_