



# Medical/Parent Release Form

2017-2018

Effective Dates: July 1, 2017 through August 31, 2018



Student Name (first,middle,last)			
Date Of Birth ____ / ____ / ____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Cell Phone
Street Address			
City		State	Zip
Email Address			
School		Grade	
Father's Name		Father's Cell Phone	
Father's Email Address			
Mother's Name		Mother's Cell Phone	
Mother's Email Address			
Emergency Contact Name (not living with student)			
Emergency Contact Phone Number		Emergency Contact Relationship to Student	
Physician's Name		Physician's Phone Number	
Dentist's Name		Dentist's Phone Number	
Medical Insurance Company		Policy #	

**\*\* PLEASE INCLUDE A COPY OF THE CHILD'S CURRENT MEDICAL INSURANCE CARD \*\***



**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 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:*

1. For your child's safety and our knowledge, is your student a:

- good swimmer       fair swimmer       non-swimmer

2. Does your child have allergies to:

- pollens       medications       food       insect bites

If yes, please list & explain

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3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma       epilepsy/seizures       heart trouble  
 diabetes       frequent upset stomach       physical handicap  
 OTHER (please explain)
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4. Date of last tetanus shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Does your child wear:       glasses       contacts

6. Please list and explain any major illnesses the child has experienced during the last year:

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Should the child's activities be restricted for any reason? Please explain:

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

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect authority
- Respect one another, staff and adult leaders
- Respect and comply with event schedules

**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 ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *NOTE: if you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to the event.*

\_\_\_\_\_ has my/our permission to attend/participate in all youth activities sponsored by FIRST EVANGELICAL PRESBYTERIAN CHURCH (hereinafter the "Church") from July 1, 2017 through August 31, 2018. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases and holds blameless, the Church and its staff and volunteers 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 my/our consent for him/her to attend/participate in 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 and hold blameless 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 a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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 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.

By signing this form, I/we also give consent to First Evangelical Presbyterian Church and the Youth Ministry of said Church to use photo's and/or videos of my/our child in publications which may include, but are not limited to the Church newsletter, bulletin, the church website, social media (such as Facebook, Instagram, twitter, etc.), and any printed media.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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