



# Medical Release & Permission Form

Effective Dates: September 2011 thru August 2012

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Year in School: \_\_\_\_\_ Male / Female (Circle One) E-mail address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact: Mother / Father (Circle One)

Mother's Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Physician: \_\_\_\_\_ Contact No.: \_\_\_\_\_

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 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.

Does your child have allergies to: (circle all that apply) Pollens Medications Food Insect bites

Does your child suffer from, or has ever experienced, or is currently being treated for any of the following: (Circle all that apply)

Asthma Epilepsy/Seizure disorder Heart Trouble Diabetes

Frequently upset stomach Physical Handicap

Date of last tetanus shot: \_\_\_\_\_

Does your child wear: (circle all that apply) eyeglasses contact lenses Oral retainer

Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

For your child's safety and our knowledge, is your child a: (circle one)

Good Swimmer Fair Swimmer Non-Swimmer

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Our primary focus here at Rock Solid Youth Group is on relationships. The staff loves to get to know the students and watch them connect and reconnect with others. The most important relationship though, is the one with our Savior, Jesus Christ. We desire to be Christ-focused in all aspects of the youth group experience. Through chapel sessions, worship music, Bible Studies, games and staff, students will be taught about the incredible blessings of a relationship with Jesus.

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

- Students/youth notify a staff member if leaving early
- All cell phones and electronic devices will be turned off
- No possession or use of alcohol, drugs, tobacco or weapons
- No students can drive to outside events
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- Participation (prayer, singing, Bible reading) with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules
- Stay inside the church unless directed by youth leader to leave the building for games
- Kitchen is off limits at all times
- Sanctuary is off limits except during worship or small groups
- No PDA, back rubs, sitting on laps, kissing, long embracing hugs

**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: boating, water skiing, swimming, camping, downhill skiing, snowboarding, tubing, hiking, golf, miniature golf, games in the park, basketball, soccer, volleyball, softball, baseball, all nighters. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing prior to that event.*

Name of Student: \_\_\_\_\_ has my permission to attend all youth activities sponsored by Ranch Chapel's Rock Solid Youth Group from September 2011 thru August 2012.

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 Ranch Chapel's Rock Solid Youth Group. 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(s) 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 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.

\_\_\_\_ I also give my consent for my child's picture to be taken and/or used for Church advertisement purposes, in video and print.

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