

Event

Medical Release & Permission Form

Effective Dates: September 1, 2023-September 30, 2024
Please Print in ink

Name _____ Age _____ Birthday _____
Last First Middle

School/Grade _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Phone Home _____ Other _____

Father's Name _____ Phone Home _____ Other _____

Emergency Contact _____ Phone Home _____ Other _____

Physician _____ Office Phone _____

Dentist _____ 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 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. For extended or overnight trips, you are asked to provide information regarding medications that must be taken by your child while supervised by us.

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 child a
 good swimmer fair swimmer non-swimmer

2. Does your child suffer from, ever experienced, or is being treated currently for reactions to any of the following:
 pollens medications food insect bites

3. Does your child suffer from, ever experienced, or is being treated currently for any of the following
 asthma heart trouble epilepsy/seizure disorder
 diabetes physical handicap frequently upset stomach

4. Date of last tetanus shot _____

5. Does your child wear glasses or contacts? _____

6. Additional comments:
Should this child's activities be restricted for any reason? Please explain:

Event

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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 without authorization from parents and the church
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in the girls' sleeping quarters/bathrooms and no girls in the boys' sleeping quarters/bathrooms
- Participation with the group is expected
- Respect property
- Respect on another, staff, and adult leaders
- Respect and comply with event schedules
- Abide by the rules and expectations of the events sponsored/hosted by other organizations

Students who fail to comply with these expectations may be sent home at their parent' 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: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, tubing, 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 pastor/leader prior to that event.

_____ has my permission to attend youth activities sponsored by Faith
Name of Student
Country Chapel (hereinafter "the Church") from **September 1, 2023 to September 30, 2024**. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, the Evangelical Methodist Church, Lawrence County Youth Ministry and their 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 at-tend 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 an 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 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 members. I understand that an event consent form may be required for certain events including camps, retreats, and other events sponsored or hosted by another organization. I understand that I can update necessary information on this form at that time or at any time during the course of the year as necessary.

Parent/Guardian Signature _____ Date _____