

Permission Form & Medical Release

Valid for one year from _____

Please print all information in ink

Name: _____ Male ☐ Female ☐
First Middle Last

Birthday: _____ Year of Graduation: _____ email: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's name: _____ Phone, Home: _____ Work: _____

Mother's name: _____ Phone, Home: _____ Work: _____

Emergency Contact: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

Physician name: _____ Office phone: _____

Dentist name: _____ 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. Include names of medications and dosages that must be taken.

Check the following areas of concern for the student. Add pages with details, if necessary.

- For our knowledge, and your child's safety, they are a:
 - ☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to:
 - ☐ food ☐ insect bites ☐ medication ☐ pollen
- Does your child suffer from, or has ever experienced, or is being treated for:
 - ☐ asthma ☐ diabetes ☐ epilepsy/seizure disorder
 - ☐ frequent stomach issues ☐ heart trouble ☐ physical handicap
- Does your child wear:
 - ☐ contact lenses ☐ glasses
- Date of last tetanus shot: _____
- Please explain any major illnesses/injuries sustained this last year:

- Should your child's be restricted for any reason? Please explain:

Rules of Conduct

We expect all students to conform to these rules of conduct:

- No possession or use of alcohol, tobacco, or drugs
- No lighters, fireworks, or weapons
- No offensive or immodest clothing or swimwear
- No students may drive
- No boys in girls' sleeping quarters, no girls in boys' sleeping quarters
- Respect of property
- Respect of other students, leaders, and other adults
- Comply with group schedule and participate

Failure to comply with these expectations may result in immediate removal, parents being called to pick up student, and inability to attend future activities.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student ministry activities.

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

Student Signature: _____ Date: _____

Permission & Waiver

Activities may include, but are not limited to: Bible study, basketball, baseball, boating, camping, concerts, cookouts, flag football, hiking, ice skating, minigolf, overnight retreats, skiing, snowboarding, soccer, ultimate frisbee, volleyball, & yard work. *Some activities will require additional waivers by site. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all
(Name of Student)
student ministries activities sponsored by New England Bible Church.

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 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/we agree to the terms of this Permission Form & Medical Release for the term of one (1) year.

Parent/Guardian Signature: _____ Date: _____