

# Medical Release & Permission Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
          LAST                  FIRST                  MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Year in School: \_\_\_\_\_ Baptized Believer? Y N

Mother's Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## Medical Information

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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. Is your child/teen a:    good swimmer        fair swimmer        non-swimmer
2. Does your child/teen have allergies:    foods        insect bites        pollens        medications  
    If so, please list: \_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated for any of the following:  
     asthma        epilepsy/seizures    heart trouble        diabetes        I.B.S.  
     upset stomach    physical handicap    motion sickness    behavioral issues (ADD/ADHD)
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear:        glasses        contact lenses
6. Please list any major illnesses the child experienced during the last year: \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_
7. Should your child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_

# Medical Release & Permission Form

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

- No possession or use of alcohol, drugs, drug paraphernalia, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing including bikini swimsuits.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect property.
- 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.**

## Acknowledgments

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:** \_\_\_\_\_

My child/teen has my permission to attend all youth events and activities sponsored by Xenia Church of Christ. Events and activities may include, but are not limited to: ministry events, trips, cookouts, boating, canoeing, tubing, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, biking, archery, concerts, Bible studies, golfing, miniature golf, hayrides, high ropes and low ropes initiatives. *Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to the youth minister prior to that event.*

**Initial:** \_\_\_\_\_

This consent form gives permission to use pictures of my child/teen taken at church and at church-related events on the church website and other forms of media. *Note: if you desire pictures of your teen not to be used in this fashion, please submit your wishes in writing to the youth minister.*

**Initial:** \_\_\_\_\_

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

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.

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