

# ANNUAL MEDICAL RELEASE & PERMISSION FORM

EFFECTIVE DATES: 06/18/2019 to 6/17/ 2020

Please print in ink.

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

Graduation Year \_\_\_\_\_ (Please circle): Male/Female Student's cell: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Name of Parents/Guardians: \_\_\_\_\_

Parent/Guardian Contact Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Night \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ 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 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 student's safety and our knowledge, is your student a—  
 good swimmer  fair swimmer  non-swimmer

2. Does your student have allergies to--  
 pollens  medications  food  insect bites

If "yes", please describe: \_\_\_\_\_

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

asthma  epilepsy/seizure disorder  heart trouble  diabetes  
 Frequently upset stomach  physical handicap

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

5. Does your student wear:  glasses  contact lenses

6. Please list and explain any major illnesses the student experienced during the past year:  
\_\_\_\_\_

Should this student's activities be restricted for any reason? Please explain:

## MEDICAL RELEASE & PERMISSION FORM

### 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 to/from events without parental written consent for the driver & passengers.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing (staff will use discretion)
- 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' or guardians' expense.

I, \_\_\_\_\_ (student's name) 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, bowling, swimming, water games, pool activities, sports, group games, baptisms, concerts, amusement parks, designated sleepovers, Bible studies, etc. *Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to Calvary Chapel of Oxnard's High School Director prior to that event.*

\_\_\_\_\_ has my permission to participate in and attend all youth activities sponsored by **CALVARY CHAPEL OF OXNARD** from June 18, 2019- June 17, 2020.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases **Calvary Chapel of Oxnard** 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 **Calvary Chapel of Oxnard**. I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release **Calvary Chapel of Oxnard**, 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 \_\_\_\_\_