Medical Release & Permission Form

Effective Dates: May 1, 2021 through April 30, 2022

Please print in ink

Name: _____   Age _____   Birthday _____
            Last   First   Middle

Year in school _____   Male ____   Female ____   Email _____

Address: _____   City _____   State _____   Zip _____

Phone _____   Cell/Pager _____

Medical Insurance Company _____   Policy # _____

Mother's Name _____   Phone: Home _____ Work _____

Father's Name _____   Phone: Home _____ Work _____

Emergency Contact _____   Phone: Home _____ Work _____

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. Include names of medication 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 child's safety and our knowledge, is your student a:
            □ good swimmer   □ fair swimmer   □ non-swimmer

2.   Does your child have allergies to:
            □ pollens   □ medications   □ food   □ insect bites

3.   Does your child suffer from, or has ever experience, 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 child wear   □ glasses   □ contact lenses

6.   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.

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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
>
> No fighting, weapons, fireworks, lighters, or explosives
>
> No offensive or immodest clothing
>
> No boys in girl's sleeping quarters and no girls in boy's 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.

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, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, 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 minister prior to that event.*

_____ (name of student) has my permission to attend all youth activities

sponsored by Clear Creek Church of Christ (name of organization, hereinafter the "Church") from **05/01/21 to**

04/30/22.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release 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 ministers, 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 required 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 expense should they become ill or if deemed necessary by the student ministry's staff member.

Parent/Guardian Signature: _____ Date: _____