

FRC Medical, Video & Photo Release & Permission Form

Effective dates: August 2019 through July 2020

Please print in ink

Name: _____ Age _____ Date of Birth _____
LAST FIRST MIDDLE

Grade: _____ Male Female

Address _____ City _____ State _____ Zip _____

Email (Parent) _____ Email (Student) _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Emergency contact _____ Phone: Home _____ Cell _____

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. Provide details below (or attach to this form if needed).

Does your child have allergies to—

- pollens medications food insect bites

(If yes to any of the above, please explain: _____)

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 anxiety depression

Date of last tetanus shot: _____

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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We expect each student to conform to these rules of conduct

- No fighting, threatening, out of control tempers or intimidating behaviors will be tolerated.
- No pranks or excessive horseplay.
- No tobacco products, alcohol, drugs, fireworks, firearms, knives, lighters, or explosives allowed.
- No offensive or immodest clothing.
- No PDA (**P**ublic/**P**riate **D**isplay of **A**ffection)! No Purpling!
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- No students can drive on out of town events.
- Participation with the group is expected.
- Respect property.
- Respect one another and all adults and authority figures.
- Respect and comply with event schedules.

Students who fail to comply with these expectations may be sent home at their parents' expense. For each event, special rules of conduct may apply. These are simply the basics. You will always be given a guideline for the rules of conduct for every out of town event.

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:** _____

This consent form gives permission for representatives of First Redeemer Church to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child through July 2020.

This form also grants permission for the Church to use pictures or video footage of my student for promotional items and website.

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 (including those providing transportation for students) 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:** _____