



# MEDICAL RELEASE & PERMISSION FORM

Effective dates: **August 2015** to **September 2016**

Please print in ink (Need One for each child if you have multiple 7-12th grade students.)

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 \_\_\_\_\_  
**LAST FIRST MIDDLE**  
 Grade in school \_\_\_\_\_ Male Female Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(necessary for some hospitals)**  
 Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
 (In Father's or Mother's Name ) \_\_\_\_\_ (Name on the 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 medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a:  
 good swimmer      fair swimmer      non-swimmer
- Does your child have allergies to:  
 pollens      medications      food      insect bites  
 Please List Specifics: \_\_\_\_\_
- 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
- Date of last tetanus shot:
- Does Your Child take any **MEDICATION?** Please List:
- 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:





# 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 fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- 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 are not to leave scheduled event unless permission from Sponsor /Leader

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, rollerskating, 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 pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by FIRST BAPTIST CHURCH OF ROCHESTER from August 2015 to September 2016.

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 also realize that my son/daughter's picture may be used in promotion of First Baptist Church, and also may receive e-mail from a staff/sponsor.

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



## MEDICAL RELEASE & PERMISSION FORM

Page 3 of 3

**I understand with the nature of this trip that there may be times that my son / daughter will be alone with one of the youth staff members. I further understand that my son / daughter will not be alone with a sponsor of the opposite gender.**

**I understand that this form is necessary to fulfill First Baptist Church's Child Abuse Prevention Policy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I understand with the nature of this Bible Study that my son / daughter will be alone with one of the youth staff members.**

**I understand that this form is necessary to fulfill First Baptist Church's Child Abuse Prevention Policy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_