

STUDENT NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_



**KNOLLWOOD STUDENT MINISTRIES  
MEDICAL RELEASE/CONDUCT CONSENT FORM  
FY 2019 ACTIVITIES**

**PLEASE READ THE FOLLOWING AND SIGN THE AGREEMENTS BELOW:**

1. **Participation:** This annual form will remain on file and covers all Fiscal Year 2019 Student Ministry Activities from the area of Knollwood Community Church to the site of the scheduled activity. In addition to this form, a signed Registration/Permission Slip is required to attend non-reoccurring activities and events.
  
2. **Medical Treatment:** I consent in advance to whatever medical procedure or treatment is considered necessary in the best judgment of the attending physician, in the event of illness or injury occurring to the above-named minor while participating in church-sponsored activities. I understand that in the event of serious illness or injury that is not an emergency, reasonable effort to reach me will be attempted.
  
3. **Chaperones:** I designate all approved chaperones as my representative for the following:
  - A. To make and enforce all necessary rules and guidelines for the personal conduct of the participants in the trip or activity.
  - B. To make "collect" long distance telephone calls to the undersigned (or to the "alternate phone") when the chaperone deems it necessary to communicate with the undersigned concerning the conduct or the physical status of the above-named student. I agree to accept any such telephone calls, or to reimburse the chaperone for them.
  - C. To authorize any medical doctor or facility to render all necessary medical services on behalf of my student in case of emergency. I hereby authorize the chaperone to obligate me to pay for all services.
  - D. I release each of the chaperones and Knollwood Community Church from all liability for accidents/injuries which my student may experience.
  - E. **I have counseled my student as follows with the understanding that if any rules are broken, I will be contacted and my student may be sent home at my expense:** (1) The above authority of the chaperones. (2) Each child is expected to act in a mature and sportsmanlike manner, both in transit and at the destination. (3) Possession: No tobacco, drugs, alcohol, weapons, fireworks, or offensive/questionable (sexual or violent) music or video games, will be tolerated. (4) Dress Code: No revealing (small or low-cut) tops, or "short" shorts and skirts, will be tolerated. (5) That upon arrival at an event, the student will remain until the end of the event, unless I provide a signed permission slip. (6) Photos/Videos taken may be used for publicity. (7) Seat belts must be used in vehicles.

**PARENT AGREEMENT:** *I have read and agree to abide by the rules and regulations mentioned above.*

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Mother's Signature)

\_\_\_\_\_  
(Father's Signature)

**STUDENT AGREEMENT:** *I have read and agree to abide by the rules and regulations mentioned above.*

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Student's Signature)

**PART 1: STUDENT'S CONTACT INFORMATION**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Student's Email: \_\_\_\_\_

**PART 2: STUDENT'S MEDICAL INFORMATION: *Please list all medical conditions.***

*Data on Child to facilitate medical aid, if required:* Birthdate (MM/DD/YY): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Known allergies (including medicines): \_\_\_\_\_

Current medical problems, if any: \_\_\_\_\_

Current medications (dosage and interval): \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Telephone: \_\_\_\_\_

**PART 3: MOTHER'S CONTACT INFORMATION**

Mother's First and Last Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

**PART 4: FATHER'S CONTACT INFORMATION**

Father's First and Last Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**PART 5: ALTERNATIVE EMERGENCY CONTACT (Friend, Close Relative, Other)**

In the event of an emergency, if the signed parents cannot be reached, please call:

(Full Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Relationship) \_\_\_\_\_