

Medical Release and Permission Form

Personal Information

Student's Name \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of 9/1/2018 \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Email \_\_\_\_\_

may we contact student via email or Facebook?  yes  no

Student's Cell Phone # \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

may we contact student via cell?  yes  no

Home Church \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: h) \_\_\_\_\_ w) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: h) \_\_\_\_\_ w) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: h) \_\_\_\_\_ w) \_\_\_\_\_

**(other than parent)**

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical History

Check the following areas of concern. 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 you or 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.

1. Swimming safety and knowledge: You *or* your child:  Good swimmer  Fair swimmer  Non-swimmer

2. Allergies, Do you *or* your child have allergies? Please List:

\_\_\_\_\_  
\_\_\_\_\_

3. Medications: please provide name and dose. \_\_\_\_\_

4. Are you *or* your child currently being treated for, or have experienced any of the following:  
 Asthma  Epilepsy/Seizure Disorder  Heart Trouble  Diabetes  Frequently Upset Stomach  
 Physical Handicap  Hypoglycemic

5. Last tetanus shot? date \_\_\_\_\_

6. Major illnesses experienced during the last year: you *or* your child. \_\_\_\_\_

7. Restricted activities for any reason? Please explain. \_\_\_\_\_

We expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, caffeine pills, or tobacco.
- No students can drive during events without specific permission of the Pastor of Students.
- No fighting, weapons, fireworks, lighters, or explosives.
- All clothing must be non-offensive, modest and worn in an appropriate fashion.
- No two-piece bathing suits or Speedos.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect one another and property.
- Obey staff and adult leaders.
- Respect and comply with event schedules.
- No physical display of affection (hand holding/romantic hugging/kissing/touching).

Students who fail to comply with these expectations may be sent home at their parents' expense.

**Student Consent**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Student Ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

**Parent or Legal Guardian Consent**

My/Our child, as named above, has my/our permission to attend all youth activities sponsored by Lakeside Bible Church from **June 1, 2018 to May 31, 2019**. 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. I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader available; I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage. Activities may include, but are not limited to: cookouts, swimming, basketball, skate-boarding, wakeboarding, tubing, games in the park, mid-week meetings, and/or the Church facilities, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, snow tubing, hiking, biking, bus, car or van rides to/from event locations, air travel, concerts, Bible studies, miniature golf. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church office prior to that event.*

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

**Personal Consent**

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_