Bedford Community Church
Medical Release & Permission Form
"Regional Missions Trip" To Binghamton NY

Name of Student: _____

Address: _____ City _____ State ___ Zip _____

Name of Parents/Guardians_____

Medical Insurance Company: _____Policy #: _____

Parents Cell Phone Number: _____

Parents Email Address: _____

Emergency Contact's Name and 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 that your child is subject to **and of which the staff should be aware of**. Please include what, if any action of protection is required on account thereof and submit this notification in writing, attached it to this form. Be sure to include the names of any medications and corresponding dosages that must be taken.

Check the following areas of concern for this student, if necessary:

For your students safety and our knowledge, is your student a:
___ good swimmer ___ fair swimmer ___ non-swimmer

Does your student have allergies to:
___ pollens ___ medications ___ food ___insect bites
If any were checked please explain:

Does your child suffer from, or has ever experienced, or is being treated for any of the following:
___ asthma ___ epilepsy/seizure disorder ___ heart trouble

___ diabetes ___ physical handicap ___ frequently upset stomach

Date of last tetanus shot: _____

Should this student's activities be restricted for any reason? Please explain:

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 girl's dorms, and no girls in boy's dorms
Participation with the group is expected
Respect property
Respect each other, the leaders, and any other staff
Usage of cell phones, computers, iPads, iPods, handheld video games will be restricted
Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents or guardians expense.
I, the student, have read the rules of conduct, and will give my full cooperation, and participation with in this retreat. I agree to abide by the code of conduct.

Students Signature: _____ Date: _____

Activities may include but are not limited to: cookouts, boating, water skiing, swimming, basketball, skate boarding, roller skating, soccer, broomball, dodge ball, volleyball, hiking, concerts, Bible studies, golfing, loud music, and small group sharing. *Note: If you desire to limit your child's participation in any event, please talk to Pelly (Student Ministries Pastor).*

_____ has my permission
name of student
to attend the events associated with the "**Regional Missions Trip" in Binghamton NY**, with in the dates of **August 21st 2016** to **August 27th 2016.**

This consent from gives permission to seek whatever medical attention is deemed necessary, and releases Bedford Community Church and it's staff of any liability against personal losses of named child.

I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend this retreat. I understand that there are inherent risked involved in the retreat itself, and travel, and I hereby release Bedford Community Church, it's pastors, employees, and volunteer leaders from any and all liability for any injury, loss, or damage to person or property that may occur during the retreat. In the event that he/she is injured and requires the attention of a doctor, I 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 agree to hold such person free and harmless in any claims, demands, or suits for damages arising from the giving of such consent. I 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 affirm that the health insurance provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the Pastor of Student Ministries and the staff.

Parent/guardian signature: _____ Date: _____