

Please Print in Ink

Name _____ Age _____ Birthday _____ Male Female
Last First
 Year in School _____ Email _____ Address _____
 City _____ State _____ Zip _____ Phone _____ Cell / Home / Work _____
 Medical Insurance Company _____ Policy # _____ Policy Holder Name _____
 Guardian / Mother's Name _____ Phone: _____ Work _____
 Father's Name _____ Phone: _____ Work _____
 Emergency Contact _____ Phone: _____ Work _____
 Physician _____ Office Phone _____
 Dentist _____ Office Phone _____

Medical History

If necessary, describe on a written form in detail the nature and severity of any physical and/or physiological 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.

Check the following areas of concern for this student. If necessary, add additional pages with details:

1. For your child's safety are they a: Good Swimmer Fair Swimmer Non-Swimmer
2. Does your student have allergies to: Pollens Insect Bites Other _____
 Food Medications None
Which Ones _____ *Which Ones* _____
3. Does your student suffer from, or ever experienced, or is being treated currently for any of the following: Yes No
 Asthma Epilepsy/Seizures Heart Trouble Diabetes
 Migraines Physical Handicap Frequent upset Stomach Other _____
4. Are Student's Shot/Vaccinations up to Date: Yes No (If No Which Ones) _____
5. Does your student wear: Eyeglasses Contact Lenses Both
6. Please list and explain any major illnesses that we should be aware of current or past:

7. Should this student's activities be restricted for any reason? Yes No
 If yes, please explain:

8. Can Youth Leader or adult youth workers administer over the counter medication (Tylenol, Advil, Ibuprofen, or Benadryl) to a student at a youth event? Yes No

Communication with Student

I grant permission for any of the leaders within the youth ministry at Frederick Boulevard Baptist Church (hereinafter known as FBBC) contact your student(s) via call, text, email, or social media? Yes No
 Students Name: _____ Contact Info: _____ (home / cell / parent)
 Student Email _____

Parent/Guardian Name: _____ Signature: _____

FBBC Youth Ministry Rules of Conduct

For your information, we expect everyone linked with the FBBC Student Ministry to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco at events or on church property
- Students can drive if needed only with parent permission; Students that ride in the vehicle need both parents approval.
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (girls can wear a 1 piece suit or a 2 piece swimsuit with a dark shirt over. Boys no shorter than finger tip length on hand)
- I will behave appropriately with members of the opposite sex at all times. I understand that public displays of affection including physical horseplay between genders will not be tolerated. Also, no boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- I will put away any electronic device when told to by an adult leader.
- If attending church functions we expect participation with the group. Respect and comply with event schedules
- Respect property
- Respect one another, staff, and adult leaders

Students who fail to comply with these expectations will be sent home at their parent's 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 rules of conduct.

Student Signature: _____ Date: _____

I/We realize that pictures of youth activities are sometimes posted on social media, the church website (with & without names) and in the church to share with others and to promote activities for youth. Do you grant FBBC to use photos of the indicated student(s) on this form for such actions?

Yes No Parent/guardian signature: _____

I give permission for _____ to attend FBBC events from Jan 1, to Dec 31, in the year of _____.
Name of Student

I/We allow and give permission for our student(s) listed above to ride the Church bus to attend Youth/Church Activities at FBBC or off-campus.

I/We the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by FBBC. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release FBBC, 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 students 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 FBBC leaders, I/We agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from 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 the medical care not be reimburse 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: _____

Witness* #1 Signature: _____ Date: _____

Witness* #2 Signature: _____ Date: _____

(*witness must be an adult over the age of 18)