

Year
ACC Student Ministries
Parental Permission and Medical Consent

Name: _____ Birthdate: _____
Last First Middle Month/Day/Year

Age: _____ Grade in School: _____

Address _____
Street

City State Zip

Home Phone: _____ Cell: _____

Medical/Ins. Info.

Ins. Company Name Policy #

Mothers Name: _____ Contact Info. _____
(Home#) (Cell#) (Work#)

Fathers Name: _____ Contact Info. _____
(Home#) (Cell#) (Work#)

Emergency Contact: _____ Contact Info. _____
(Home#) (Cell#) (Work#)

Physician: _____ Office # _____

Dentist: _____ Office# _____

List ANY known allergies: _____

List any Medical Condition: _____

List Current Meds List: _____

Any major illness in last year: _____

Any restrictions, please explain: _____

Rules/Guidelines

For your INFO:

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

- ~No foul language
- ~No possession or use of alcohol, drugs or tobacco
- ~No gambling
- ~No student can drive
- ~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
- ~Respect property
- ~Respect one another, staff, and adult leaders
- ~Respect and comply with event schedule

Students who fail to comply with these expectations may be sent home at parent/guardians expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and the permission to participate in youth 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, waterskiing, swimming, basketball, roller skating, games in the park, soccer, ice skating, volleyball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible Study, golfing, miniature golf, hayrides, retreats, mission trips.

_____ Has my permission to attend all youth
(Name) activities sponsored by Antioch Christian Church of Washington, In.

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.

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "student") hereby consents to the participation by the child in the 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 liability for any injury, loss or damage to person or property that may occur during the course of my 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 of treatment is required from a physician and or hospital personnel designated by the church, I/we agree to hold such a 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 knowledge, still be in force for the child above. I/we agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministry staff member.

Parent/Guardian: _____ **Date** _____