

# Medical Release & Permission Form

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**Effective date: March 1, 2015 – July 31, 2015**

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

## 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 to which your student 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.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your student's 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
- Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma     epilepsy / seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your student wear     glasses     contact lenses
- Please list and explain any major illnesses the student experienced during the last year:

Additional comments:

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

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## For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No possession or viewing of pornography
- No students can drive unless asked to by the Minister of Students with parental permission.
- 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
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

## Students who fail to comply with these expectations may be sent home at their parents' 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 code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: bowling, swimming, basketball, soccer, broomball, volleyball, softball, baseball, indoor games, biking, concerts, tubing, skiing, cooking, messy games, and Bible studies. *Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to the Youth Director prior to that event.*

\_\_\_\_\_ has my permission to attend anything in or out of the  
NAME OF STUDENT  
of the Commonwealth of Virginia sponsored by Clarksville Baptist Church within the date on the top of the prior page.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Clarksville Baptist Church and their staff of any liability against personal losses of named student.

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 Clarksville Baptist Church. I/We give permission to Clarksville Baptist Church to use the student's picture on their website or any other material. I/We understand that there are inherent risks involved in any ministry or athletic event. I/we hereby release Clarksville Baptist 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 student'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 treatment is required from a physician and/or hospital personnel designated by Clarksville Baptist Church. I/we agree to hold such 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/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_