



Medical & Release Forms

Effective dates: _____

Please print in ink:

Student 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 _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Emergency Contact _____ Phone: Home _____ Cell _____ 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 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.

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

1. For your child's safety and our knowledge, is your student a-
 ___ good swimmer ___ fair swimmer ___ non-swimmer
2. Does your child have allergies to-
 ___ pollens ___ medications ___ food ___ insect bites ___ Not Applicable
3. Does your child 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 ___ Not Applicable
4. Does your child wear-
 ___ glasses ___ contact lenses ___ Not Applicable
5. Please list and explain any major illnesses the child experienced during the last year:
 ___ Not Applicable Additional comments:

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

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

- Participation with the group is expected
- Respect one another, staff, adult leaders, and property
- Comply with event schedules
- No possession or use of alcohol, drugs, tobacco, or inappropriate materials
- No fighting, weapons, fireworks, lighters, explosives or other disruptive materials or actions
- No students can drive automobiles or transport other students on behalf of the church or staff
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

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 rules of conduct above and any others required by the event leaders.

Student signature: _____ Date: _____

Activities may include, but are not limited to: swimming, basketball, roller skating, rollerblading, soccer, volleyball, softball, baseball, Bible studies, horseback riding, go-cart riding. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend/participate in
NAME OF STUDENT

_____ from _____ to _____
EVENT NAME DATE DATE

CALVARY CHURCH and its staff (CHURCH) are hereby authorized to seek any medical attention deemed necessary by the CHURCH, and is released of any liability for the results or fees charged for such treatment.

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. 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 the 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 a 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. I/we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction or written quote that may be taken of the participant during the activity to be used, distributed, or shown as the CHURCH sees fit.

Parent/guardian signature: _____ Date: _____