


Medical Release and Permission Form
Children (Convinced kids) & **Youth Ministries** (steadFAST)

This authorization is to be effective from:

through ...

STUDENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK ONLY)

Name _____ **Male** **Female**
Last First MI

Age _____ **Date of Birth** _____ **Year in School** _____ **Email Address** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone . _____ . **Cell Phone** . _____ .

PARENT/GUARDIAN INFORMATION

Mother's Name		Day Phone		Evening Phone	
Father's Name		Day Phone		Evening Phone	
Emergency Contact		Day Phone		Evening Phone	
Physician			Office Phone		
Dentist			Office Phone		
Medical Insurance Company			Policy Number		

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 you 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:

1. For you 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 *(If you checked a box, please list allergies below)*

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 Asthma Diabetes Epilepsy/seizure disorder Frequent upset stomach Heart trouble Physical handicap

4. Does your child wear: Glasses Contact lenses

5. Date of last tetanus shot _____

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

FOR YOUR PROTECTION, WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT:

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting
- No weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girls in boy's sleeping quarters

WE DO EXPECT YOU TO:

- Participate with the group
- Respect the property
- Respect one another as well as the staff and all adult leaders
- Respect and comply with event schedules

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENT'S EXPENSE

I, the student have read the rules of conduct, the 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

Activities may include, but are not limited to: American gladiator, archery, baseball, basketball, Bible studies, bicycling, biking, billiards, boating, bonfires, bowling, broomball, camping, cheerleading, concerts, cookouts, downhill skiing, drama/play, fishing, foot racing, football, Freedom Fest, games in the park, go-carts, golfing, hayrides, hiking, inflatable event, laser tag, lock-in, MiddFest, miniature golf, mission trips abroad, mission trips local, movies, paintball, prayer meeting, rafting, rappelling, roller coaster, rollerblading, roller-skating, snorkeling, snowboarding, soccer, softball, street evangelism, swimming, tubing, volleyball, wall/rock climbing, water skiing, wrestling, youth camp, youth retreat, etc.

NOTE: If you desire/need to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

Student's Name: _____ has my permission to attend all youth activities sponsored by **sure HOPE Christian Assembly** in Middletown, OH.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases sure HOPE Christian Assembly of Middletown, OH; it's staff and/or volunteers of any liability against personal losses of named child/youth.

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 **sure HOPE Christian Assembly** of Middletown. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release **sure HOPE Christian Assembly** of Middletown, it's pastors, employees, agents, and volunteer workers from any and all liability for any injury 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 designed by **sure HOPE Christian Assembly** of Middletown, 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 child home at my/our own expense should they become ill or if deemed necessary the student ministries staff member.

Parents/Legal Guardian Signature: _____ Date _____

NOTE: PLEASE NOTIFY THE CHURCH OFFICE REGARDING ANY CHANGE OF STATUS IN THIS FORM AS SOON AS POSSIBLE.

sure HOPE Christian Assembly
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