

Medical Release and Permission form for participation in:

Logos Programming

Chi-Rho Service Night Programming

Youth Group Programming

Youth Mission Trip

Please print in ink

Student

Name: _____ Age _____ Birth Date _____
LAST FIRST MIDDLE

Year in school _____ Male Female T-Shirt Size YS YM YL AS AM AL AXL

School student attending _____ Does student need transportation Yes No

Address _____ City _____ State _____ Zip _____

Home _____ Cell _____ E-mail _____

Mother's name _____ Phone: Home _____ Work _____

Mother's e-mail _____ Cell _____ Preferred Comm: Mail E-Mail

Father's name _____ Phone: Home _____ Work _____

Father's e-mail _____ Cell _____ Preferred Comm: Mail E-Mail

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. Does your child have allergies to:

pollens medications food insect bites

If yes, please list specifics:

2. 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

3. Does your child wear: glasses contact lenses

4. Please list and explain any major illnesses or allergies the child has experienced, as well as any current medications:

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

Additional comments, please attach additional sheets as necessary.

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

- No possession or use of alcohol, drugs, or tobacco
- No wheeled shoes
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No cell phones, iPods, MP3 players or other portable electronics
- Participation with the group is expected
- Respect property
- Respect self, 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 First Christian Church 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, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, hiking, concerts, bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church office or church staff prior to that event.*

_____ has my permission to attend all activities indicated on this form, sponsored by **First Christian Church** (hereinafter "the Church") from **JUNE 1, 2014** to **AUGUST 31, 2015**.

NAME OF STUDENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, its staff, its agents and volunteer workers of any liability against personal losses or loss of property of named child.

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 grant to the Church, the right to take photographs of my/our child and my/our family in connection with Church activities. I authorize the Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I/We agree that Church may use such photographs of me with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. 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 the health insurance provider. 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: _____

Parent/guardian signature: _____ Date: _____

OFFICE USE	Logos		Chi-Rho Service Night		Youth		Mission Trip		OFFICE USE
	date	amt pd	date	amt pd	date	amt pd	date	amt pd	
	_____	_____	_____	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	_____	_____	_____	