

MEDICAL RELEASE & PERMISSION FORM

Effective Dates: 2019-2020

(Please Print Legibly in Ink)

DATE _____ / _____ / _____
MONTH DAY YEAR

CONTACT INFORMATION (Teenager)

Name _____ Gender Male Female
LAST FIRST

Birthdate _____ / _____ / _____ Age _____ Year in School 7 8 FR SO JR SR
MONTH DAY YEAR

E-mail Address _____

Address _____ City _____ State _____ Zip _____

Phone # _____

MEDICAL CONTACT / INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Phone # _____ Work Ph # _____

Father's Name _____ Phone # _____ Work Ph # _____

Emergency Contact _____ Phone # _____ Work Ph # _____

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:

pollen insect bites medications _____ food _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma heart trouble epilepsy / seizure disorder
 diabetes physical handicap frequently upset stomach

4. Date of last tetanus shot _____ / _____ / _____
MONTH DAY YEAR

5. Does your child wear: glasses contact lenses

OVER >

6. Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? If yes, please explain:

CONDUCT

For your information, 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, 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 teen ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

CONSENT

Activities may include, but are not limited to: church services, cookouts, bonfires, hayrides, camping, boating, swimming, basketball, soccer, volleyball, softball, baseball, flag football, bowling, miniature golf, concerts, conventions, Bible studies, evangelism/outreach, etc. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church teen pastor prior to that event.

_____ has my permission to attend all teen ministry activities sponsored by Heartland Community Church (hereinafter HCC) from January 2019 through December 2020. I release HCC to provide adequate transportation to and from activities by a licensed driver who has been pre-approved by the church.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases HCC and its staff of any liability against personal losses of named child. Should there be any significant changes to the information on this document within the designated time period, I/We will provide HCC with the necessary updates.

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 HCC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release HCC, 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 HCC, 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 by the teen ministries staff member.

Parent/Guardian signature _____ Date _____ / _____ / _____
MONTH DAY YEAR