

Missouri St. Church of Christ Youth Ministry Medical Release & Permission Slip (2016)

Date: _____

PLEASE PRINT IN INK

Student Name _____ Age _____ Birthday ____/____/____
Last First Middle

Grade _____ School _____ Male Female E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Number (_____) _____

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 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 medications food insect bites

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

asthma epilepsy/seizures heart trouble diabetes
 frequently upset stomach physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear glasses or contact lenses?

6. Please list and explain any major illness your child has experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Yes No If yes, 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 profanity or off-color or explicit language.
- 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.

Failure to comply with these rules of conduct may result in the student being sent home at the parents' expense.

I, the student, have read and understand the rules of conduct and the above evaluation of my health, and seek permission to participate in the Missouri St. Church of Christ youth group activities. I agree to abide by the stated personal limitation(s) and code of conduct.

Student printed name: _____

Student signature: _____ Date: ____/____/____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, flag-football, paintball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and fishing. *Note: If you wish to limit your child's participate in any event, please submit your wishes in writing to the youth minister prior to that event.*

_____ has my permission to attend all youth activities sponsored by
Name of Student
the Missouri St. Church of Christ (hereinafter the "Church") in the 2016 calendar year.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses 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 understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its elders, 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 or medical professional, 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. 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 youth minister.

Parent/guardian signature _____ Date ____/____/____

Missouri St. Church of Christ Youth Ministry Photo Release Form (2016)

During **Missouri Street Church of Christ** events, we will often take photos and/or videos of many of the participants during worship, mission work, recreational times, etc. These photos could be used in future publications, multimedia presentations, Missouri Street web or social media internet sites. The purpose of communicating about ministry opportunities and helping to capture the spirit of the event/mission.

Please sign below and indicate whether you/your family are giving **Missouri Street Church of Christ staff** permission to include your child in such photos strictly for the purposes stated above.

Please check one of the next boxes to indicate if Missouri Street Church of Christ and it's ministries permission to use pictures of your family/youth.

DO NOT USE ANY PICTURE OF MY FAMILY/YOUTH

I GIVE PERMISSION FOR Missouri Street church of Christ AND IT'S MINISTRIES TO USE MY FAMILIES/YOUTH PICTURE(S) FOR THE ABOVE INTENDED USE.

Name of Youth/Child (under the age of 18 years) Participant (Please Print):

Participating Youth's Signature: _____

Date: ____/____/____

Name of Parent (s) or Legal Guardian (s) of Youth Participant (Please Print):

1. _____

2. _____

Parent(s)/Guardian(s) Signature(s):

1. _____

2. _____

Date ____/____/____