

Missouri Street Church of Christ the WAVE/RIPPLE Medical Release/Permission Slip (2020)

Date ____/____/____

PLEASE PRINT IN INK

Student Name _____ Age _____ Male Female
Last First MI

Birthday ____/____/____ Grade ____ School _____

Address _____ City _____ State ____ Zip _____

E-mail _____ Cell Phone (____)____-____ Home Phone (____)____-____

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Cell (____)____-____ Work (____)____-____

Father's Name _____ Cell (____)____-____ Work (____)____-____

Emergency Contact _____ Cell (____)____-____ 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 area 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 experience, or is being treated currently for any of the following:
 asthma epilepsy/seizures heart trouble diabetes
 physical handicap frequently upset stomach
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 Street 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, roller skating, 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 participation in any event, please submit your wishes in writing to a church staff member prior to that event.*

_____ has my permission to attend all youth activities sponsored by the
Name of Student

Missouri Street Church of Christ (hereinafter the "Church") in the 2020 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 the student named above.

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 a Church staff member or volunteer.

Parent/guardian signature _____ Date ____/____/____

Missouri Street Church of Christ the WAVE/RIPPLE Photo Release Form (2020)

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, or Missouri Street web or social media internet sites with the purpose of communicating about ministry opportunities or 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 permission to include your child in such photos strictly for the purposes stated above.

Please check one of the boxes below to indicate if Missouri Street church of Christ and its ministries have permission to use pictures of your child/family.

- Do not use any picture of my child/family

- I give permission for Missouri Street Church of Christ and its ministries to use my child's/family's picture(s) for the above intended use.

Name of student _____

Student signature _____ Date ____/____/____

Name of parent/guardian _____

Parent/Guardian signature _____ Date ____/____/____