

**\*\*\*This form needs to be filled out by parents  
for all attendees under the age of 21!**

**VALID January 2024-January 2025  
Medical Release & Permission Form**

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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 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 child a  good swimmer  fair swimmer  non-swimmer
2. Does your child have allergies to  medications  food  insect bites  bee/wasp sting  other  
 Explanation if needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. 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  other (list)  
 \_\_\_\_\_  
 \_\_\_\_\_
4. I will allow my son/daughter to take the following if needed  
 acetaminophen (Tylenol)  ibuprofen (Advil)  Benadryl  other (please Specify) \_\_\_\_\_
5. Prescriptions currently taking include name, mg, amount to take and when.  
 \_\_\_\_\_ mg \_\_\_\_\_  
 \_\_\_\_\_ mg \_\_\_\_\_  
 \_\_\_\_\_ mg \_\_\_\_\_

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

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- Students are to comply with any and with all instructions given by adult or youth sponsor.
- Students are to have respect for the Lord by demonstrating respect for church facilities and vehicles. Should a student's actions cause damage, he/she will be held responsible for the repair or replacement of damaged items.
- Upon our return from any event, students are expected to help clean out the interior of the church vehicle(s) before going home.
- No possession or use of alcohol, drugs, or tobacco.
- 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 one another, staff, and adult leaders.
- Respect and comply with event schedules.
- NO Cell Phones or Electronics- Unless approved.

**\*\*\*\* 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 youth group 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, games in the park, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, miniature golf, hayrides, theme parks, bowling, indoor rock climbing. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

I \_\_\_\_\_ (Parent's/Guardian's name), give permission to \_\_\_\_\_ (Student's Name) to attend all youth activities sponsored by Eastview Christian Church.

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 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. 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 student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_