

*****This form needs to be filled out by parents
for all attendees under the age of 18!**

**VALID January 2026-January 2027
Medical Release & Permission Form**

Please print in ink

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ ☐ Male ☐ Female Parent Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

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. Is your child currently diagnosed with any of the following:
☐ autism ☐ add/adhd ☐ other special needs

5. I will allow my son/daughter to take the following if needed
☐ acetaminophen (Tylenol) ☐ ibuprofen (Advil) ☐ Benadryl ☐ other (please Specify) _____
6. Prescriptions currently taking include name, mg, amount to take and when.
_____ mg _____
_____ mg _____
_____ mg _____

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

- 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. PICTURES MAY BE TAKEN OF YOUR CHILD DURING THESE ACTIVITIES WHICH MAY BE USED BY EASTVIEW IN SOCIAL MEDIA OR PROMOTIONAL ITEMS. *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:** _____