

MEDICAL RELEASE FORM

please print in ink

lame:	FIRST MID	2015	Age	Birthday	
ear in school		odle Female Student E	Email		
Address					
Home Phone					
Medical insurance company					
Nother's name					
Nother's Phone: Home	(Cell		Work	-
ather's name		_ Father's Em	nail		· · · · · · · · · · · · · · · · · · ·
Father's Phone: Home		Cell		Work	
Emergency contact		_ Phone: Home _		Work _	
Physician		Offic	ce phone		· · · · · · · · · · · · · · · · · · ·
Dentist	Office phone				
ware, and what, if any action of this form. Include names of nothing the check the following areas of	nedications and dosa	ages that must be	e taken. ry, add anothe		-
 For your student's safety a □ Good swimmer	and our knowledge, □Fair swimmer	is your student a: ☐ Non-swir			
		□ NOH-SWII	iiiiei		
2. Does your student have a□ Pollens	☐ Medications	☐ Food	[☐ Insect bites	
3. Does your student suffer f ☐ Asthma ☐ ☐ Frequently upset sto	Epilepsy / seizure d	lisorder		urrently for any of ble	f the following:
in requesting appearate	maon — — myolot	arriandoap	□ blabe		
4. Date of last tetanus shot:		5. Does yo	ur student we	ar: □ Glasses □	Contact lenses
6. Please list and explain an	y major illnesses the	e student experier	nced during th	e last year:	
Should this student's activit	ies be restricted for	any reason? Plea	ase explain: _		

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



- No possession or use of alcohol, drugs or tobacco
- o No students can drive
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- o No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- o Participation with the group is expected
- o Respect property both yours and others
- o 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.

Activities may include but are not limited to: cookouts, boating, tubing, water skiing, swimming, basketball, roller-skating, rollerblading, skateboarding, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, touch football, camping, downhill skiing, snowboarding, hiking, biking, concerts, food games, Bible studies, golfing, miniature golf, go carts, hayrides, mission trips, service projects. *Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to the church youth pastor prior to the event.*

I, the parent/guardian & student, have read the rules of conduct, the above evaluation of my

nealth, and permission to participate in yout stated personal limitations and code of cond	n group activities. We agree to abide by the luct.	
	has my permission to attend all youth activities	
Name of Student sponsored by Living Word Christian Fellowship (the "C	Church").	
This consent form gives permission to seek wha releases the Church and its staff of any liability a	ntever medical attention is deemed necessary, an against personal losses of named child.	d
attend events being organized by family and friends. I/We or athletic event, and I/we hereby release the Church, its and all liability for any injury, loss, or damage to person of involvement. In the event that he/she is injured and required in the attention of the content as deemed necessary by a licensed pland/or hospital personnel designated by the Church, I/we demands, or suits for damages arising from the giving of responsible for the cost of any medical care should the content insurance provider. Further, I/we affirm that the health inswill, to the best of my/our knowledge, still be in force for the cost of the cost	amed above, a minor, and have given our consent for hime understand that there are inherent risks involved in any in pastors, employees, agents, and volunteer workers from a property that may occur during the course of my/our childres the attention of a doctor, I/we consent to any reasonal mysician. In the event treatment is required from a physicial agree to hold such person free and harmless of any claim such consent. I/We also acknowledge that we will be ultimented that medical care not be reimbursed by the health curance information provided above is accurate at this date the student named above. I/we also agree to bring my/our if deemed necessary by the student ministries staff members.	ministr any d's ole an ns, nately e and child
Parent/guardian signature:	Date:	
Parent/guardian signature:	Date:	
Parent/guardian signature:	Date:	
Parent/quardian signature:	Date:	