

Fall, Winter, Spring, Summer

Church of the Epiphany Youth Ministry

Medical Release & Permission Form

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Effective dates: _____ Event (s): _____

Please print clearly and completely in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / 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. (Parents and Youth are responsible for having and taking their medications. No medications will be given out unless requested or emergency arises.)

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer
- Does your child have allergies to—
 pollens medications food insect bites
- 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 physical handicap
- Date of last tetanus shot: _____
- Does your child wear glasses contact lenses
- Please list and explain any major illnesses the child experienced during the last year:
Additional comments (add separate sheet if necessary):
Should this child's activities be restricted for any reason? 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, or other stimulants such as no-doze
- Conduct should be in the highest Christian regard in behavior, attitude, and in dress
- No students can drive or ride with other students unless parents permit and notify leadership
- No fighting, weapons, fireworks, lighters, electronics, drugs, alcohol, or explosives
- No offensive or immodest clothing, language, or behavior; No electronics, and No Earphones
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters unless of group meeting
- Participation with the group is expected at all times, no checking out with headphones or other electronics
- Respect and care for personal and public property and obey "leave no trace" principles
- Respect one another, staff, and adult leaders as well as the venues we attend; cell phones: emergencies only
- Respect and comply with all event schedules and rules, as well as safety rules and guidelines
- Have fun! Grow! Learn! Pray! Live! Love! Commune! Enjoy!

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 have permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct. I also release photographs taken of me for use on the web, newsletters, brochures, other publications, and Facebook.

Student signature: _____ Date: _____

Activities may include, but are not limited to: adventure activities, ropes courses, cookouts, rock climbing, caving, boating, white water rafting, canoeing, water skiing, swimming, sports, basketball, roller-skating, rollerblading, games in the park, bus/metro transportation, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, mountain biking and boarding, visits to Washington, DC, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event or activity, please submit your wishes in writing to the church youth pastor prior to that event. Events are subject to change without notice. By signing below you also are releasing photos taken on trips for our use and publication & on the web.*

_____ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by Church of the Epiphany and the Youth Ministry Leadership (Hereinafter the "Church") through
Date(s): _____ (Please see the calendar, web, and brochures for added details).

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, its volunteers, vendors, and its staff of any liability against death, injury, and 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 adventure, ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, subcontractors, 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 your 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, misbehave, or if deemed necessary by a student ministries staff member. We also release the use of photos of my/our child for publication and for use on the web, newsletters, brochures, other publications, and on sites like Facebook.

Parent/guardian signature: _____ Date: _____