

Medical Release & Permission Form

Effective dates: _____ to _____

Please print in ink

Name: _____ Age: _____ Birthday: _____

Last

First

Middle

Grade: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Medical insurance company: _____ Policy #: _____

Mother's name: _____ Phone: _____ Work #: _____

Father's name: _____ Phone: _____ Work #: _____

Emergency Contact: _____ Phone: _____ Work #: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ 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 student a -

Good swimmer ___ Fair Swimmer ___ Non-swimmer ___

2. Does your child have allergies to -

Pollens ___ Medications ___ Food ___ Insect bites ___

If yes please include additional information _____

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 ___ Physical disability ___ Other: _____

4. Date of last tetanus shot: _____

5. Does your child wear: Glasses ___ Contact lenses ___

6. Should this child's activities be restricted for any reason? Please explain: _____

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

- No possession or use of alcohol, drugs, or tobacco
- 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

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, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.*

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

Pilgrim Lutheran Brethren Church Youth Group (hereinafter the "Church") from: _____ to _____.
Date Date

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.

We are giving our consent to allow photos and videos taken of our child while at Youth Group events to be used and reproduced by Pilgrim Lutheran Brethren Church (PLBC) for promotional and educational purposes including PLBC's website and social media page(s). Yes No

Parent/guardian printed name: _____

Parent/guardian Signature: _____ Date: _____