

Northcliffe CHURCH

MEDICAL RELEASE

Page 1 of 2

Please print in ink

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Grade in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

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 student a -
 good swimmer fair swimmer non-swimmer
2. Does your child have allergies to (please list allergies at bottom of page) -
 pollens medications food insect bites
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 handicap other: _____
4. Date of last tetanus shot (If known): _____
6. Please list allergies from above or list any other comments here:



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MEDICAL RELEASE

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

Students are not to possess or use alcohol, drugs, tobacco, weapons, fireworks, lighters, or explosives. Students are not permitted to with other students while attending youth events without their parents giving the Student Pastor permission. Students are expected not to push, shove, or fight with other students. We expect students to wear modest and non-offensive clothing at all times. Boys are not permitted in girls sleeping quarters nor are girls permitted in boys sleeping quarters. Students are expected to participate in group activities. Students are expected to respect the property of Northcliffe Church as well as any other property our student ministry uses. In addition, we expect all students to respect one another, our adult leaders, and all others who we interact with. Lastly, students are expected to obey all rules for weekly gatherings as well as special trips and events.

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, bowling, football, games in the park, soccer, ultimate Frisbee, snow skiing, snowboarding, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, trampolines, tightropes, and much more. Students will be in both small and large group settings. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Student Pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by **Northcliffe Church** _____ (hereinafter
NAME OF ORGANIZATION

"Church") from the date of this agreement through the expiration date on this agreement unless otherwise noted.

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 and allow the Church to take and post photos and videos which may include the student named above. 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: _____

Parent/guardian printed name: _____