

All Event Medical Release & Permission Form

Effective dates: 1 January 2017 to 1 January 2018

Please Print in Ink

Student's Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ 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.

List any chronic or long-term illness: _____

Serious Injuries or Surgeries: _____

Known Allergies: *Foods* _____ *Medications* _____ *Plants* _____

Animals _____ *Other* _____

Explain reaction and indicate medication used or other action to be taken: _____

Explain any physical/medical conditions that we should be aware of: _____

Medications & Restrictions

Is your child bringing medication to this event? ☐ YES ☐ NO

If yes, please list all medications in the space below. (Medication must be in pharmacy container with patient's name and the dosage instructions on it. If dosage instructions are different, please note, and sign your name.)

Does child have any activity restrictions? ☐ YES ☐ NO (If 'Yes' please specify below).

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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
- 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

Though it doesn't happen often, students who fail to comply with these expectations may need to be picked up by their parents and at their parents' expense.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, 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 pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT
 sponsored by Calvary Baptist Tabernacle (hereinafter the "Church") from ____1.1.17____ to ____1.1.18____.

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.

I hereby give my full consent to Calvary Baptist Tabernacle to record my participation in any programs or events. Further, I hereby transfer and assign Calvary Baptist Tabernacle the exclusive right to use and to authorize others to use said images, video, and audio recordings for promotional and educational use or resource sale in the future. I understand that my image may be used, but my name or personal information will never be shared publicly without additional, separate consent.

Parent/Guardian Signature: _____ Date: _____