

# Ignite Student Ministry Annual Medical Form

**Effective:**

**January 1, 2013 - December 31, 2013**

(Please print in ink)

Name: \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_

T-shirt size (circle one) S M L XL XXL

Grade \_\_\_\_\_ Gender: M / F

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

**Guardian Info:**

Mother's Name \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

**Medical Info:**

Physician \_\_\_\_\_

Office phone \_\_\_\_\_

Dentist \_\_\_\_\_

Office phone \_\_\_\_\_

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 person.** (If necessary, add another page with details):

1. Does person have allergies to:  
\_\_\_ pollens \_\_\_ medications \_\_\_ food  
\_\_\_ insect bites

2. Does person suffer from, or have you ever Experienced any of the following:  
\_\_\_ asthma \_\_\_ epilepsy / seizure disorder  
\_\_\_ heart trouble \_\_\_ diabetes  
\_\_\_ frequently upset stomach  
\_\_\_ physical handicap

3. Date of last tetanus shot: \_\_\_\_\_

*(Areas of concern continued)*

4. Does person wear glasses or contact lenses?

5. Please list and explain any major illnesses person has experienced during the last year:

6. Should this persons activities be limited for any reason?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Code of Conduct**

1. No students may drive to or during youth trips.

2. No student is allowed to go off by himself or herself.

3. Possession of Tobacco, Alcohol, Illegal Drugs, Firearms, or Pornography will result in immediate dismissal from the event, which will require the student to be picked up from the event IMMEDIATELY by Parents.

4. No electronics will be permitted on Youth Trips. Cell Phones will be allowed, on certain trips, but are to be used only at appropriate times!

5. Medicines- Students are required to make staff aware of any prescription medications they may be taking.

6. We reserve the right to inspect the bags and rooms of all students.

7. Members of the opposite sex are prohibited from visiting or entering each other's rooms.

8. Proper modest attire must be worn at all times.

9. All students are required to participate.

10. Lighthouse Assembly of God and Youth Staff may photograph students during events and use photos from promotional purposes.

11. Lighthouse Assembly of God will not be responsible for incidental charges/damages to hotel rooms, or for personal property damaged or stolen while participating in youth activities.

By signing this I indicate that I have read this document in its entirety, that I have also provided accurate information, and that I agree to the terms and conditions completely.

Parent/Guardian Signature

x \_\_\_\_\_

Date: \_\_\_\_\_