

**Southeastern Student Ministry Medical Release Form**

**Effective dates: September 1, 2014– August 31, 2015**



**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Shirt Size \_\_\_\_\_

LAST FIRST MIDDLE

School: \_\_\_\_\_ Year in school \_\_\_\_\_ (14-15 school year)  Male  Female

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

Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

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— Pollens  medications  food  insect bites

(Specifically: \_\_\_\_\_ )

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

4. Date of last tetanus shot:

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

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

***\*In case of emergency, please attach a copy of health insurance card.***

## Rules and Expectations:

### Appropriate peer interaction:

- Students should not be alone with one another while at church building, in hotel rooms, cabins, etc...
- Students should not share blankets (including on van/bus trips) and should not lean, lie, or sit on one another.

### Packing for events:

- No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (Shorts and skirts should be mid-thigh or longer in length. While at co-ed swimming events, girls are asked to wear swimming suits that cover the mid-drift. We ask that as parents and students, clothing be chosen and worn in such a way that will keep our students from struggling with the sin of lust as much as possible!)
- It is preferred that they are not carried at all unless otherwise noted, but all video games, movies, music, etc... should not be violent, sexual, or vulgar in nature (if you think it "might" be inappropriate, it probably is).

### Van/bus rules:

- Students should not be in inappropriate physical contact (see guidelines above)
- Language and actions should be positive and Christ-like in nature
- All students should keep rear in a seat and, whenever possible, wear a seat belt
- All music, including on headphones, should be appropriate and not distract from a Christ-like attitude.

**In general, all students should treat others (adults and peers), property (by staying out of others' stuff and not being destructive to property), and scheduled group activities (through participation) with a Christ-like spirit that displays love and respect.**

*\*Students who fail to comply with these expectations may be sent home at their parents' expense if other forms of discipline fail to address an issue.*

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Youthreach activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Liability and Medical Release:

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 student minister prior to that event. \_\_\_\_\_ (name of student) has my permission to attend all youth activities sponsored by Southeastern Church of Christ (hereinafter the "Church") from September 1, 2014- August 31, 2015. This consent form also gives permission to Chris Kirby (youth minister) or other youth ministry adult volunteer to seek whatever medical attention is deemed necessary, and releases the Church, staff, or volunteers 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.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_