

# Medical Release and Permission Form

## The Journey Church

Effective dates: February 1, 2011 to July 31, 2011

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
*Last First Middle*

Gender:  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

### Insurance information

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

Insured's name \_\_\_\_\_

Policy number/ID \_\_\_\_\_ Group number \_\_\_\_\_

### Parents

Father's name \_\_\_\_\_  Address & home phone same as student

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_  Address & home phone same as student

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Emergency contact information

Physician name \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist name \_\_\_\_\_ Office phone \_\_\_\_\_

Please state who should be called first in case of emergency and at which telephone number.

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

### Medical history

Please indicate the following areas of concern for the student. Attach additional pages if necessary.

1. For the student's safety and our knowledge, the student is a good swimmer, fair swimmer, non-swimmer.
  
2. Does the student have allergies to any of the following?
  - a.  Pollens
  - b.  Medications-Please list: \_\_\_\_\_
  - c.  Foods-Please list: \_\_\_\_\_
  - d.  Insects-Please list: \_\_\_\_\_
  
3. Does the student currently suffer from, or has ever experienced any of the following:
  - Asthma  Epilepsy/seizure disorder  Heart ailments  Diabetes  Frequently upset stomach
  - Physical handicap
  
4. Date of last tetanus shot \_\_\_\_\_
  
5. Does your child wear  glasses or  contact lenses
  
6. Please list and describe any major illnesses the student has experienced during the last year. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. Should the student's activities be restricted for any reason? If so, please describe what activities should be restricted and the extent of the restriction. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. If applicable, include names of medications and dosages that must be taken by the student. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
9. If necessary, describe in detail the nature and severity of any other 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 or protection is required on account thereof. Please attach any such statement to this form.

**Rules and Conduct**

**Each student is expected and required to conform to these rules of conduct:**

1. No possession or use of alcohol, drugs, or tobacco
2. No student can drive
3. No fighting, weapons, fireworks, lighters, or explosives
4. No offensive or immodest clothing
5. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
6. Participation with the group is expected
7. Respect property
8. Respect one another, staff, and adult leaders
9. Respect and comply with event schedules

**Any student who fails to comply with these expectations may be sent home at their parents' expense.**

**Authorizations—Please read carefully**

Activities that the students may participate in include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, ice skating, games in the park, soccer, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, or hayrides. The parents'/guardians' signature below constitutes permission for the student to participate in any of the above stated or any other activities, excepting any activities specifically excluded in an attached writing.

***Parents or Guardians: If you desire to limit your child's participation in any event, please state your wishes in writing and attach it to this form.***

I/We the undersigned have legal custody and/or guardianship of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by The Journey Church during the above stated effective dates. In the event that he/she is injured and requires the attention of a medical professional, I/we consent to any reasonable medical treatment as deemed necessary by a medical professional. In the event treatment is deemed necessary by a medical professional, I/we agree to hold The Journey Church, its pastors, employees, agents, and volunteer workers 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 student's 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. Should any insurance information change, I/we will inform The Journey Church of the same in writing as soon as reasonably possible after the change. 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/We understand that there are inherent risks involved in any ministry or athletic event. I/we hereby release, waive, discharge, and agree to forever hold harmless The Journey Church, its pastors, employees, agents, and volunteer workers from all liability to the student, his/her parents, personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or demands, on account of injury to the person or property or resulting in death of the student while the undersigned is participating in church sponsored events.

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

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

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

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