



MEDICAL RELEASE & PERMISSION FORM

Please print in ink

Effective dates: 09/01/2020 to 08/31/2021

Name _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Graduation year _____ Male Female Email address _____

Address _____ City _____ State _____ Zip _____

Name of parents/guardians _____

Address _____ Phone _____

Emergency contact _____ Phone: Day _____ Night _____

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

MEDICAL HISTORY

If necessary, describe in detail that 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 of Fenton Church of the Nazarene should be aware, and what, if any 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 your student. If necessary, add another page with details.

1. For your student's safety and our knowledge, is your student a-
 - good swimmer fair swimmer non-swimmer

2. Does your student have allergies to-
 - pollens medications food insect bites

3. Does your child suffer from, or has ever experienced, or is currently being treated for any of the following:
 - asthma diabetes heart trouble epilepsy/seizure disorder
 - physical handicap frequently upset stomach

4. Date of last tetanus shot: _____

5. Does your student wear glasses contact lenses

6. Please list and explain any major illnesses the student experienced during the past year:
 Additional comments: _____

 Should your student's activities be restricted for any reason? Please explain: _____

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 to or from events
- 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
- If they become distracting, Pastor Joe, or another leader, will hold onto a student's electronic device until the event is over

Students who fail to comply with these expectations may be sent home at their parents' or guardians' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in BreakThru 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:

baseball, basketball, Bible studies, biking, boating, bowling, broomball, camping, concerts, cookouts, games in the park, golfing, hayrides, hiking, ice skating, miniature golf, NERF wars, roller skating, skate boarding, snowboarding, soccer, softball, swimming, and volleyball. *Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to Pastor Joe prior to that event.*

_____ has my permission to attend all
NAME OF STUDENT

BreakThru activities sponsored by Fenton Church of the Nazarene (hereinafter the
NAME OF ORGANIZATION

"Church") from 09/01/2020 to 08/31/2021.
DATE DATE

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 student.

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 our my/knowledge, still be in force for the named student 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 Pastor Joe.

Parent/guardian signature _____ Date _____