

Effective dates: August 2007 to August 2008

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Pager / 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

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. Attach such information 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:

- Is your student a—  
 good swimmer       fair swimmer       non-swimmer
- Does your child have allergies to—  
 pollens       medications       food       insect bites
- 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
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear       glasses       contact lenses
- Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child'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 during Church sponsored activities
- 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

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Church youth group 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: 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 youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by First Evangelical Free Church (the "Church") during the dates set forth above.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability related to any injury to said 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 any person requesting such treatment 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 our 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 a Church staff member.

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