

2009 Medical Release & Permission Form (page1)

Effective dates: _____ / _____ / _____ through January 1st, 2010
TODAY'S DATE

Please print in ink

Name: _____ Age _____ Birthday _____ / _____ / _____
FIRST MIDDLE LAST

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Pager / cell (_____) _____ - _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Father's name _____ Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Emergency contact _____ Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Physician _____ Address _____ Phone (____) _____ - _____

Dentist _____ Address _____ 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 student 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 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 other _____

3. Does your student 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 other _____

4. Date of last tetanus shot: _____

5. Does your student wear: glasses contact lenses

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

Additional comments:

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

2009 Medical Release & Permission Form (page2)

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 any youth event (excluding driving to/from church) except for H.S Community

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 and no Public Displays of Affection

Participation with the group is expected

Respect all 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 youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Youth activities may include, but *are not limited to*: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, paintball, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides.

Note: If you desire to limit or restrict in any way your student's participation in any event, please submit your wishes in writing or personally to Pastor Jeremy Kidder prior to that event.

_____ has my permission to attend **ALL** youth activities

NAME OF STUDENT

(unless otherwise specified as directed above) sponsored by Martensdale Community Church, Martensdale, Iowa (hereinafter referred to as the "Church") from _____ through January 1st, 2010

TODAY'S 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 student'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 student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Parent/guardian email address _____

Please fill out, sign, and return this form to Pastor Jeremy ASAP ! Thanks !

Martensdale Community Church

Jeremy Kidder, Youth/Associate Pastor

(641) 764-2443 – office

(515) 720-8329 – cell