

# 2012 Medical Release & Permission Form (page1)

Effective dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through January 1st, 2013  
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:

## 2012 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, 2013

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