

**Medical Release & Permission Form**

Please print clearly in ink.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST FIRST MSchool \_\_\_\_\_ Year in school \_\_\_\_\_  Male  Female

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**\*\*Please attach a copy of both sides of insurance card\*\***

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

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

**Medical History**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Last Tetanus Shot ____ / ____ | <input type="checkbox"/> Allergies: Drugs/Insect/Food       | <input type="checkbox"/> Asthma: Nebulizer? Y / N |
| <input type="checkbox"/> Swimming Restrictions: Y / N  | <input type="checkbox"/> Diabetes: Insulin Dependent? Y / N | <input type="checkbox"/> Physical Handicap        |
| <input type="checkbox"/> Heart Condition               | <input type="checkbox"/> Epilepsy/Seizure Disorder          | <input type="checkbox"/> Nervous/Mental Disorder  |
| <input type="checkbox"/> Other (please specify) _____  |   |   |

Please describe any condition listed above or medications currently taking: \_\_\_\_\_

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 child 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.

**We expect each student to conform to these rules of conduct. Students who fail to comply with these expectations may be sent home at their parents' expense.**

- |   |   |
|---|---|
| No possession or use of alcohol, drugs, or tobacco                          | No students can drive                         |
| 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                                     |   |

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: \_\_\_\_\_

This consent form gives *Shelter Cove* permission to seek whatever medical attention is deemed necessary, and releases *Shelter Cove* and its staff of any liability against personal losses of named 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 *Shelter Cove*. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release *Shelter Cove*, 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 on or off *Shelter Cove's* property. 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 *Shelter Cove*, 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 child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member. I give my permission for any quotes or pictures of my child taken during a *Shelter Cove* activity to be used for promotional purposes or on *Shelter Cove's* website or affiliate websites of which we approve. 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.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_