

# Medical Release & Permission Form

Effective dates: May 1, 2024 to May 1, 2025

Please print in ink

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

24-25 Grade \_\_\_\_\_  Male  Female Email \_\_\_\_\_

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

Cell \_\_\_\_\_

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

Mother's name \_\_\_\_\_ Phone: \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office 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 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.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, 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:

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## For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, tobacco, or e-cig devices

**No student(s) can drive to events without parental permission or staff approval**

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

Students must have all medication in a labeled bottle by the pharmacy

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 parent's expense.**

## Consent, Authorization & Release for Photograph or Video

I \_\_\_\_\_ consent to the use and copyright of a photograph or video in which my child is included in for use in publications/webpages/social media of Calvary Baptist Church. I acknowledge that Calvary Baptist Church is the sole owner of this photograph or video in which my child is included and can use it as well as any printed or electronic matter related to the photograph or video. I release Calvary Baptist Church from any legal responsibility related to the photograph or video in which my child is included. I represent that my child \_\_\_\_\_ is under 18 years old. I have consented to my execution of this consent.

Activities may include but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, boom ball, 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's youth pastor/children's ministry director prior to that event.*

\_\_\_\_\_ has my permission to attend all children/youth activities

NAME OF STUDENT

sponsored by Calvary Baptist Church (hereinafter the "Church") from May 1, 2024, to May 1, 2025

NAME OF ORGANIZATION

DATE

DATE

This consent form gives permission to seek whatever medical attention deemed necessary and releases the Church and its staff of any liability against personal losses of the 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 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 all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If 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 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, 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 the student ministries staff member.

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

My Signature confirms that I hereby give witness to the proper completion of this form by a minor's parent or guardian.

Signature of notary public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_