

**Pole Creek Baptist Church Student Ministry Medical Release, Permission Form & Waiver**

**PLEASE PRINT IN INK**

NAME \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

GRADE IN SCHOOL \_\_\_\_\_  MALE  FEMALE E MAIL \_\_\_\_\_

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 \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

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. LIST 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. FOOD WILL BE SERVED AT TIMES. IF YOUR CHILD HAS ANY ALLERGIES, THE GUARDIAN MUST CONTACT THE LEADER IN CHARGE AT EACH EVENT.

**CHECK THE FOLLOWING AREAS OF CONCERN FOR THIS STUDENT.**

IF NECESSARY, ATTACH 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 HE/SHE EVER EXPERIENCED OR BEEN TREATED FOR ANY OF THE FOLLOWING CONDITIONS:**

ASTHMA  EPILEPSY / SEIZURE DISORDER  HEART CONDITION  
 DIABETES  PHYSICAL HANDICAP  FREQUENTLY UPSET STOMACH

**DATE OF LAST TETANUS SHOT:** \_\_\_\_\_

**DOES YOUR CHILD WEAR:**  GLASSES  CONTACT LENSES  HEARING AIDS

**PLEASE LIST AND EXPLAIN ANY MAJOR ILLNESSES THE CHILD EXPERIENCED DURING THE LAST YEAR:**

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**ADDITIONAL COMMENTS:** \_\_\_\_\_

**SHOULD THIS CHILD'S ACTIVITIES BE RESTRICTED FOR ANY REASON? IF YES 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 or tobacco       | No students can drive to events         |
| No fighting, weapons, fireworks, lighters or explosives | No offensive or immodest clothing       |
| No boys in girl's sleeping quarters                     | No girls in boy's sleeping quarters     |
| Participation with the group at all times is expected   | Respect property                        |
| Respect one another, staff and adult leaders            | Respect and comply with event schedules |
| No profanity or disorderly conduct                      |   |

**STUDENTS MUST BE OFF THE CHURCH PREMISES 30 MINUTES AFTER THE CONCLUSION OF THE SERVICES UNLESS A GUARDIAN IS PRESENT.**

**IF YOU ARE PARTICIPATING IN OUR SKATEBOARD MINISTRY THE FOLLOWING ARE ADDITIONAL RULES THAT MUST BE FOLLOWED:**

- All skaters must wear a visible indicator that they have properly signed in to each event
- All participants must have a signed and authorized permission/waiver form signed, updated and on file
- Adults must accompany students under the age of 12
- Helmets and pads are strongly recommended for everyone but must be worn by those under the age of 12

**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: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, skate boarding, games in the park, 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 YOUR CHILD'S PARTICIPATION IN ANY EVENT, PLEASE SUBMIT YOUR WISHES**

**IN WRITING TO THE CHURCH YOUTH PASTOR, OR LEADER IN CHARGE PRIOR TO THAT EVENT.**

\_\_\_\_\_ has my permission to attend all youth activities sponsored by  
**Pole Creek Baptist Church.**

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 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 Pole Creek Baptist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Pole Creek Baptist 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 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 expense should they become ill or if deemed necessary by the student ministries staff member.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**POLE CREEK BAPTIST CHURCH**

**CONTACT PERSON** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**THIS PERMISSION FORM/WAIVER EXPIRES ONE YEAR FROM DATE OF SIGNATURE**