

MEDICAL RELEASE & PERMISSION FORM 2008

Monte Vista Baptist Church, 1735 Old Niles Ferry Rd., Maryville, TN. 37803

Please print clearly in ink:

T-shirt Size \_\_\_\_

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

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

Parent or Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Emergency contact \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Medical History

NOTE: PLEASE ATTACH A COPY (BOTH SIDES) OF YOUR FAMILY'S MEDICAL INSURANCE CARD TO THIS FORM.

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:

- 1. For your child's safety and our knowledge, is your student a—
 good swimmer  fair swimmer  non-swimmer
2. Does your child have allergies to—
Food \_\_\_\_\_ Penicillin or Other Drugs( Name) \_\_\_\_\_
Insect Stings/ Bites \_\_\_\_\_ Poison Sumac, Oak, Ivy \_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma  sinusitis  epilepsy / seizure disorder  heart trouble  diabetes
 frequently upset stomach  physical handicap  bronchitis  kidney trouble  hay fever
Brief explanation of items checked above:
4. Immunization: (date) \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps
5. Does your child wear  glasses  contact lenses
6. Previous operations or serious illnesses:
Any Current Medications: (list)
Special Diet: (name)
Childhood Diseases: \_\_\_ Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough
Other: \_\_\_\_\_
Should this child's activities be restricted for any reason? Please explain:

Additional comments or other pertinent information regarding the subject's health:

Parent or Guardian: Please sign below if ther subject needs to be supervised in the taking of medication. I, \_\_\_\_\_, give the chaperones permission to administer the medication(s) listed below:

List Medication(s) and Dosage
\_\_\_\_\_

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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
- 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 without an adult present
- Participation with the group and all activities 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 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, roller-blading, games in the park, soccer, 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 youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by Monte Vista Baptist Church, Inc. 1735 Old Niles Ferry Road Maryville, TN 37803 (hereinafter the "Church") from January 1, 2008 to December 31, 2008.

**PERMISSION FOR MEDICAL TREATMENT**

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 the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release and forever discharge the Church, its pastors, employees, agents, and volunteer workers from any 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 and all 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 the student ministries staff member. Monte Vista Baptist Church has several photographers who will take footage throughout the year to use in promotional material and on the church website. My signature below gives permission for Monte Vista Baptist Church to use my child(ren)'s image(s) in future promotional materials or on their website.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Do not sign except in presence of Notary)

Signature of Notary Public \_\_\_\_\_ Seal of Notary:

My Commission Expires: \_\_\_\_\_ Date: \_\_\_\_\_